

Name
in
Full

CERTIFICATE OF DEATH

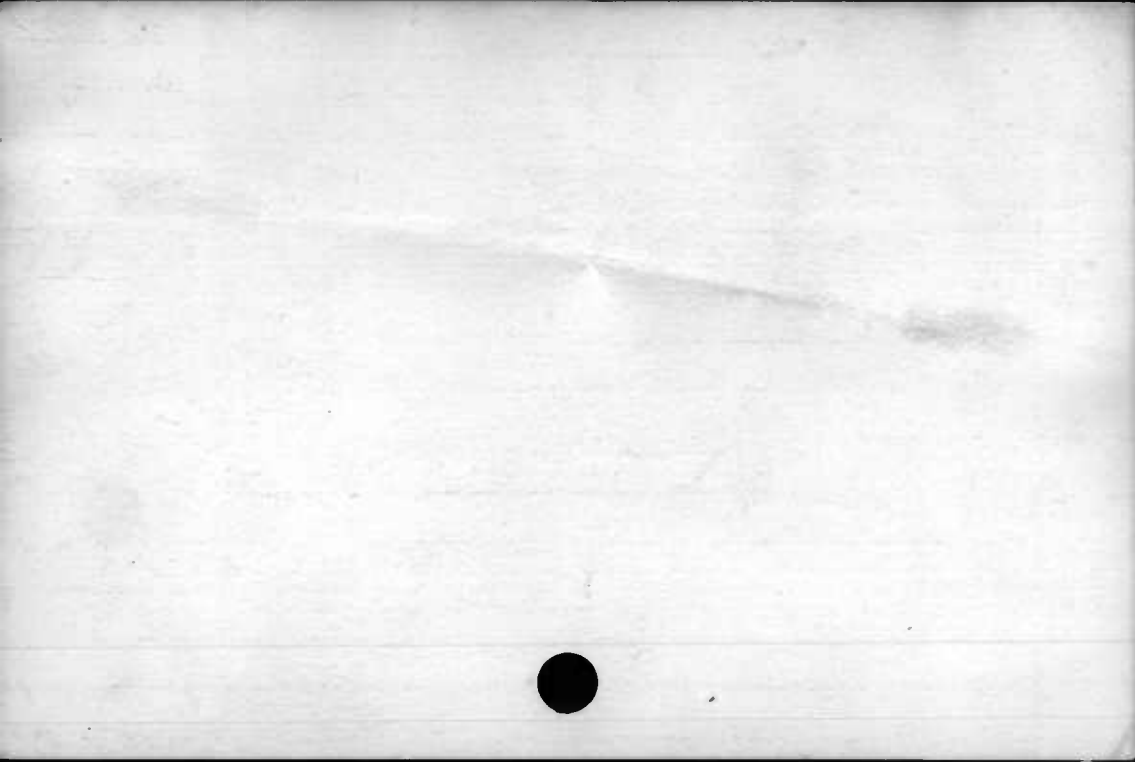
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Theola L. Armstrong</i>		Town <i>Hyattsville</i>		County <i>Prince George</i>		MARYLAND	
Died at <i>Hyattsville</i>		Date of death <i>1906</i>		Age <i>18</i>		Months <i>4</i> Days <i></i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Washington D.C.</i>			
Occupation <i></i>				Where Residing if not at place of death <i></i>			
Married, Single or Widowed <i></i>		Name of Wife or Husband <i></i>					
Father's Name <i>James P. Armstrong</i>		Father's Birthplace <i>Wash D.C.</i>					
Mother's Maiden Name <i>Catherine Beam</i>		Mother's Birthplace <i>Wash D.C.</i>					
Name of person giving information <i>Catherine Armstrong</i>		How related to deceased <i>mother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Spinal Meningitis</i>		How long <i>6 1/2</i> weeks	
Immediate <i></i>		How long <i></i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Samuel W. Ratner M.D.</i>	
Address <i>Hyattsville Md</i>		Address <i></i>	
Accident or Suicide? <i>Neither</i>		Accident or Suicide? <i></i>	



Name
in
Full

Elizabeth Bair

CERTIFICATE OF DEATH

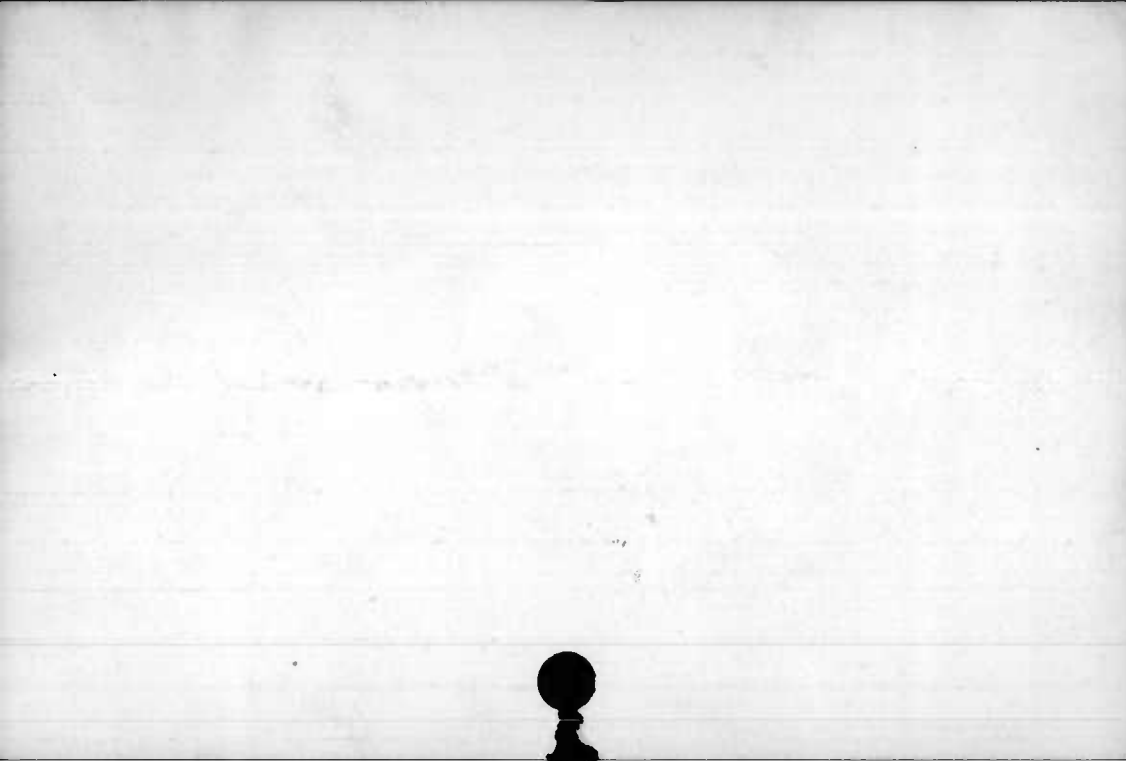
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>London</u> Town		County <u>Pr. sev.</u>		MARYLAND	
Date of death <u>1904</u> Month <u>May</u> Day <u>17</u> Age <u>77</u> Years <u>77</u> Months <u>—</u> Days <u>—</u>	Sex <u>Female</u> Color or Race <u>White</u> Birth-place <u>Md.</u>				
Occupation <u>Housework.</u>		Where Residing if not at place of death <u>Washington</u>			
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>Wm. A. Bair.</u>				
Father's Name <u>Samuel Forsythe</u>		Father's Birthplace <u>—</u>			
Mother's Maiden Name <u>—</u>		Mother's Birthplace <u>—</u>			
Name of person giving information <u>Wm. Bair</u>		How related to deceased <u>Son</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Apoplexy</u>	How long <u>12 hrs</u>
Immediate <u>—</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>John E. Sansbury</u>
	Address <u>Freestille</u>
	<u>Md.</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

Rebecca Barrett

CERTIFICATE OF DEATH

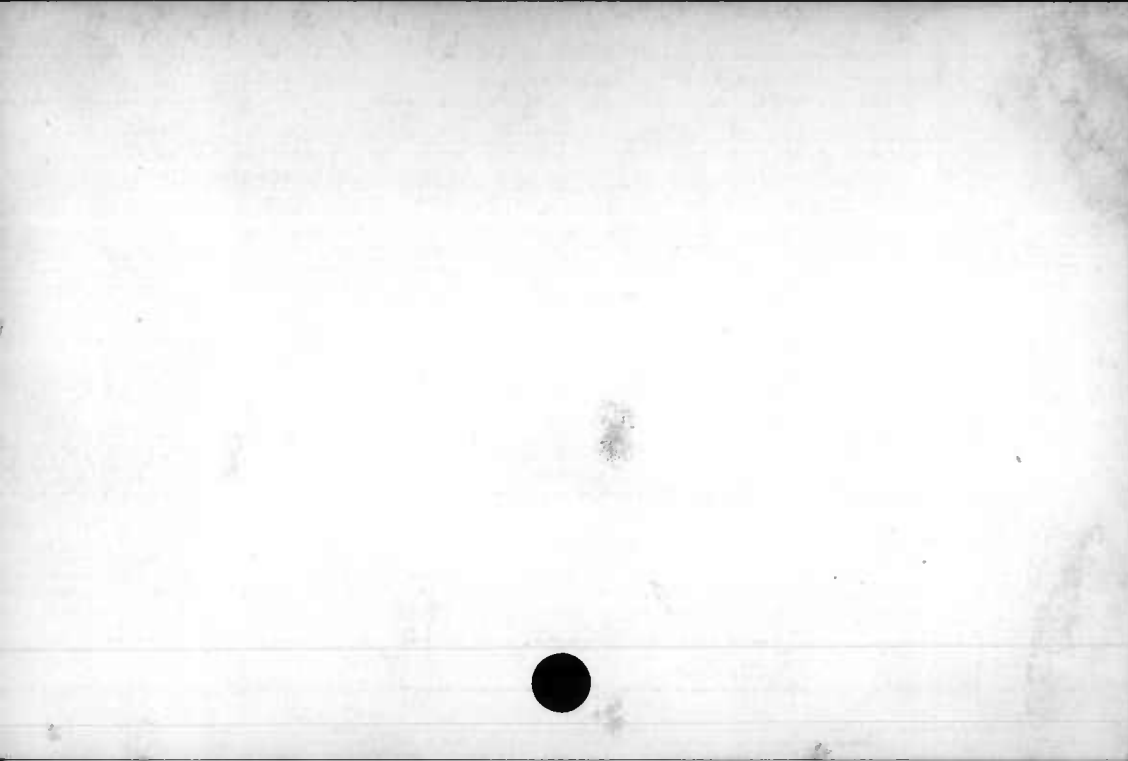
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Oxon Hill		County Pr. Geo.		MARYLAND	
Date of death 1905		Month 5	Day 16	Age About 75		Months —	Days —
Sex Female		Color or Race white		Birth- place unkn Md?			
Married, Single or Widowed		Widow		Occupation None			
Name of Wife or Husband		Late William Barrett					
Father's Name		—		Father's Birthplace		—	
Mother's Maiden Name		—		Mother's Birthplace		—	
Name of person giving In formation		Henry Barrett		How related to deceased		Grandson	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Acute Interstitial Nephritis	How long	1 week
Immediate	Exhaustion	How long	—
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		E. P. Simpson, M.D.	
Address		Rosecroft, Md.	
Accident or Suicide?			



Name in Full

Certificate of Death

Still born infant of Joseph & Emmaline Beach
 Town Barnaby County Pr. Geo. MARYLAND
 Died at

Date 1905- May 31 Month Day Y. M. D. Native of Md. Occupation
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband of
 Wife

Father's Name Joseph Beach Mother's Maiden Name Emmaline Ekke

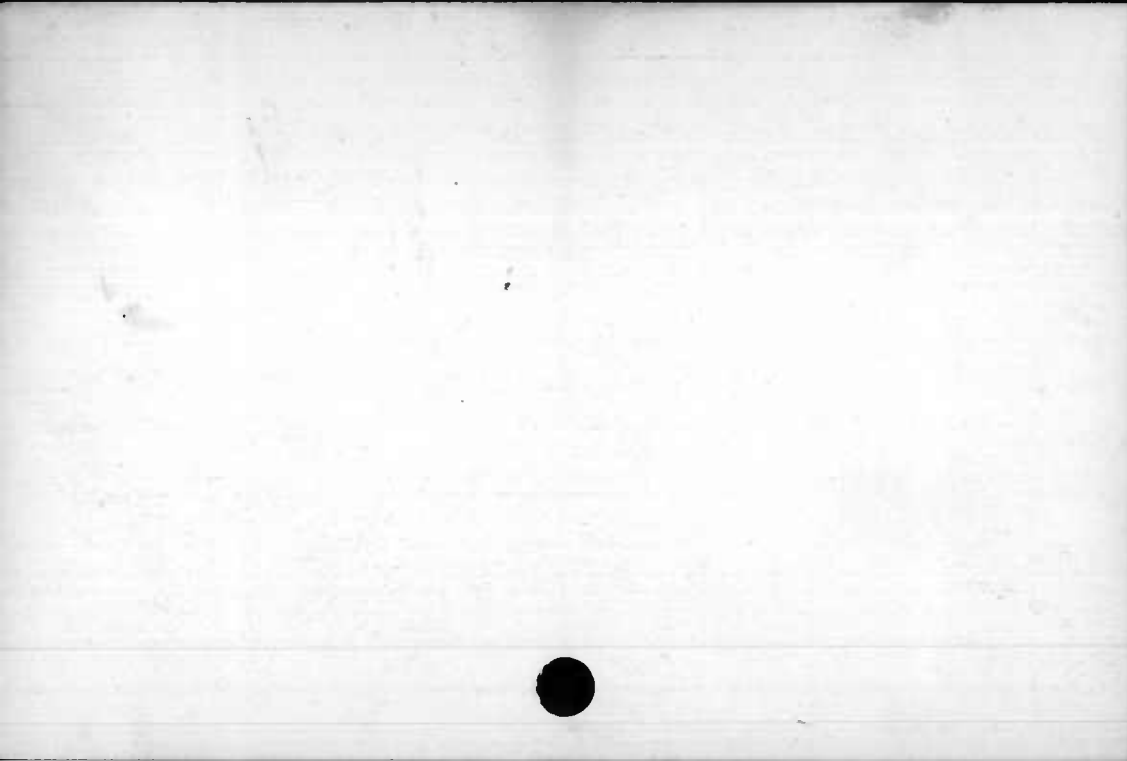
Cause of Death { Primary still born S. How long sick
 Immediate Accident, Suicide, Homicide

Reported by Margaret F. Davis Mil wife
 Address Oak Hill Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		Ellet Beach				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Westphalia</u>		Town <u>Tr. Geo.</u>		County	
		Date of death <u>1905</u>		Month <u>May</u>		Day <u>9</u>	
		Age <u>13</u>		Years		Months	
		Sex <u>Female</u>		Color or Race <u>white</u>		Birth-place <u>P. F. C. Md</u>	
		Occupation <u>School girl.</u>		Where Residing if not at place of death			
Married, Single or Widowed <u>—</u>		Name of Wife or Husband					
Father's Name <u>Wm L. Beach</u>		Father's Birthplace <u>P. F. C. Md</u>					
Mother's Maiden Name <u>Ruehett.</u>		Mother's Birthplace					
Name of person giving information <u>W. L. Beach</u>		How related to deceased <u>Father</u>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <u>Pneumonia & Typhoid</u>		How long <u>2 wks</u>			
		Immediate <u>Cerebral Thrombosis</u>		How long			
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>L. D. Griffet</u>			
				Address <u>Upper Marlboro Md</u>			
		Accident or Suicide?					



Name
in
Full

Mary Louisa Beans

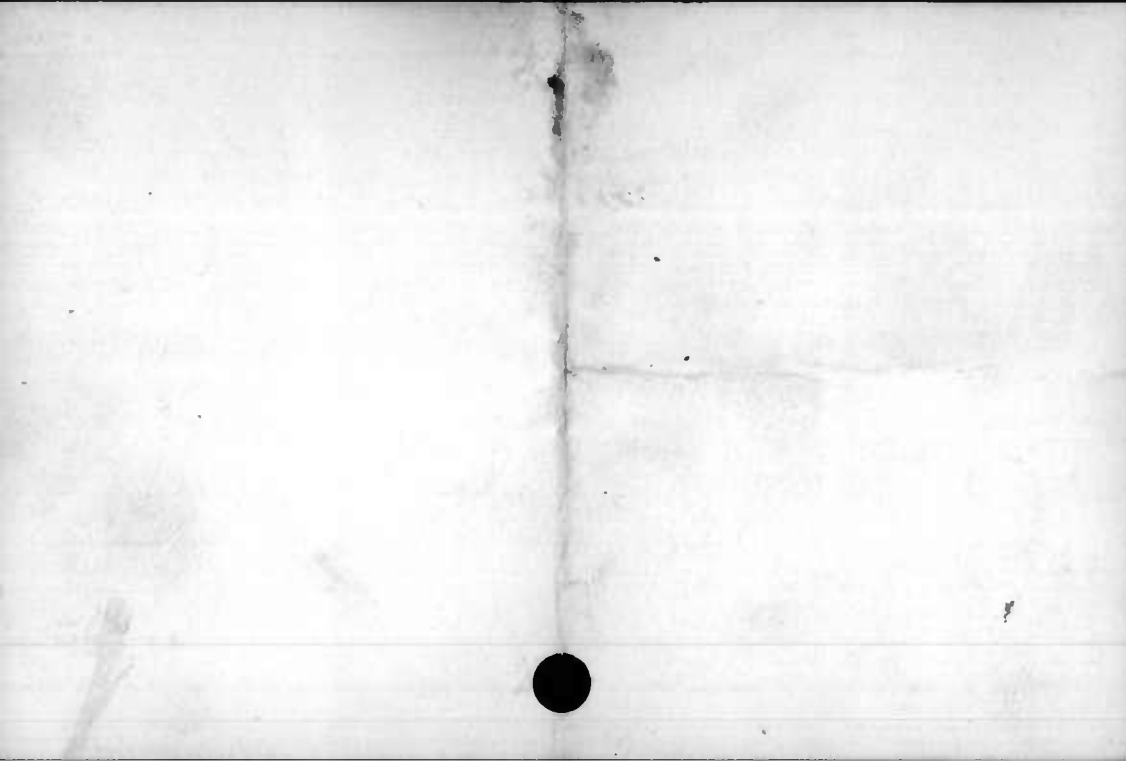
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rosecroft</i> ^{Town}		<i>Pn. Sec.</i> ^{County}		MARYLAND	
Date of death 190 <i>5</i>	<i>5</i> ^{Month}	<i>14</i> ^{Day}	Age <i>59</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Louden Co. Va</i>		
Married, Single or Widowed	<i>Widow</i>		Occupation <i>None</i>		
Name of Wife Husband	<i>Elwood H. Beans.</i>				
Father's Name	<i>—</i>		Father's Birthplace <i>—</i>		
Mother's Maiden Name	<i>—</i>		Mother's Birthplace <i>—</i>		
Name of person giving information	<i>Alice Beans.</i>			How related to deceased <i>Daughter</i>	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Delirium</i>	<i>163</i>	How long	<i>—</i>
	Immediate	<i>Suicide</i>		How long	<i>—</i>
	Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>E. P. Simpson, M.D.</i>	
				Address <i>Rosecroft. Md.</i>	
Attempted Suicide? <i>—</i>					



Name
in
Full

Jefferson Bowie

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

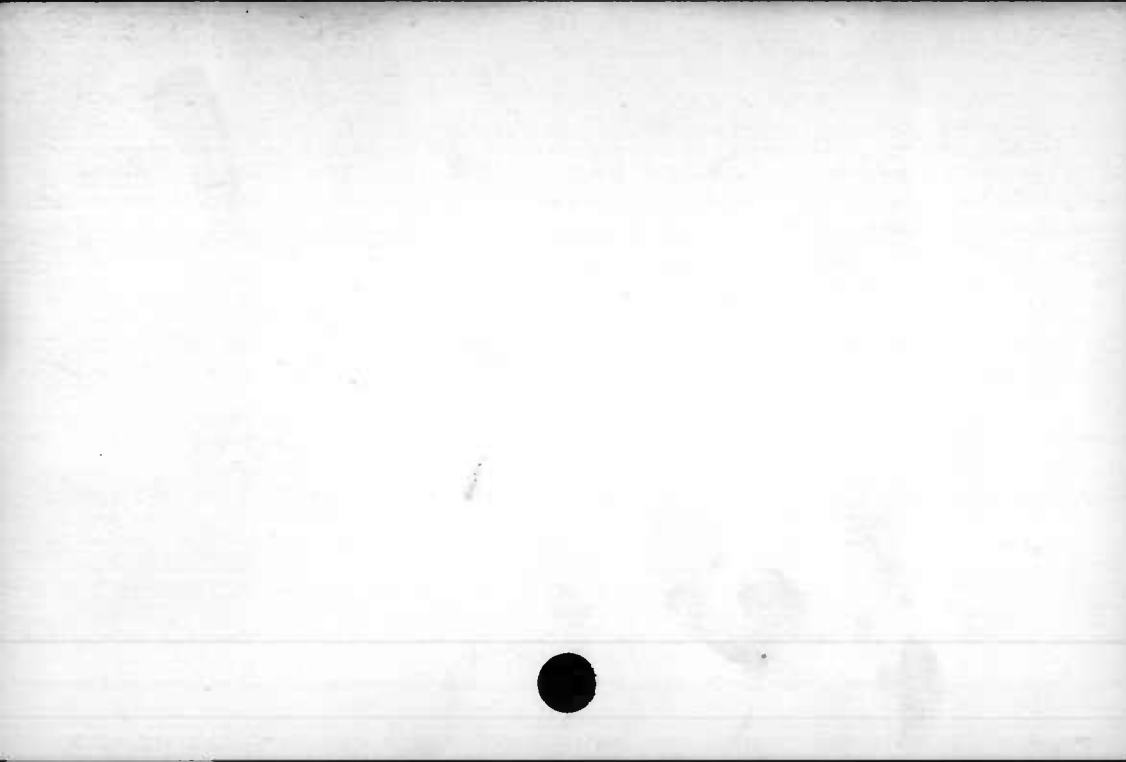
MARYLAND

Died at		Town Bowie		County Prince George			
Date of death	1905	Month May	Day 9 th	Age	103	Years	Months 1
Sex	Male		Color or Race	Colored		Birth- place	Maryland
Occupation	Laborer		Where Residing if not at place of death	Dont know			
Married, Single or Widowed	Married		Name of Wife or Husband	Maria Bowie			
Father's Name	Dont know				Father's Birthplace	Dont know	
Mother's Maiden Name	Dont know				Mother's Birthplace	Dont know	
Name of person giving In formation	Harry Bowie				How related to deceased	Son	

CAUSES OF DEATH

Primary	Old age	How long	15 ^{1/2} years
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Nelson A. Ryan M.D.
		Address	Bowie
Accident or Suicide?	No		M.D.

PHYSICIAN
OR CORONER



Name
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Full

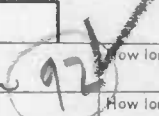

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Broad Creek</i> ^{Town}		<i>Pr Geo</i> ^{County}		MARYLAND	
Date of death 190 <i>5</i>	Month <i>5</i>	Day <i>6</i>	Age <i>1</i> Years	Months <i>5</i>	Days <i>6</i>
Sex <i>Female</i>	Color or Race <i>colored</i>		Birth-place <i>Ma</i>		
Married, Single or Widowed			Occupation <i>None</i>		
Name of Wife or Husband _____					
Father's Name <i>Engene Brooks</i>			Father's Birthplace <i>Ma</i>		
Mother's Maiden Name <i>Aberdeen Harris</i>			Mother's Birthplace <i>Va</i>		
Name of person giving information <i>Susan Henson</i>			How related to deceased <i>Grandmother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Broncho Pneumonia</i> <i>92</i> ^{How long} <i>10 days</i>	
Immediate <i>convulsions</i> ^{How long} <i>—</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. P. Simpson M.D.</i>
	Address <i>Rosecroft Ma</i>
	Accident or Suicide? <i>No</i>



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at *Piscataway* ^{Town}*Prince Georges* ^{County}Date
of death *1905*Month
*5*Day
16

Age

Years
*14*Months
*-*Days
*-*Sex *Female*Color or
Race*Colored*Birth-
place*P. Geo. Co.*Occupation
*-*Where Residing if not
at place of death
*-*Married, Single
or Widowed
*-*Name of Wife or
Husband
*-*Father's
Name*Henry Butler*Father's
Birthplace*P. Geo. Co.*Mother's
Maiden Name*Catherine Booz*Mother's
Birthplace*Chas Co Md*Name of person giving
in formation*James Butler*How related
to deceased*Brother*

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

5 months

Immediate

27

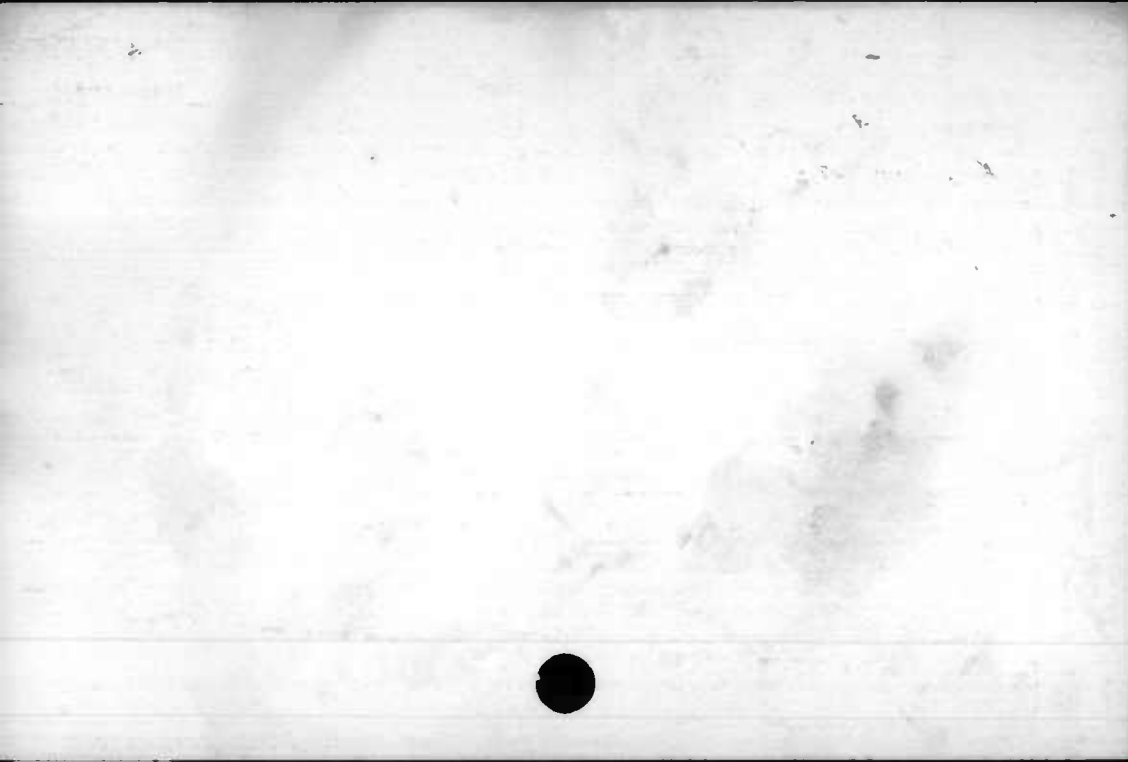
How long

Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*Harry Kelley M.D.*

Address

Acworth Ind.

Accident or Suicide?



Name
in
Full

Theodore Clark

CERTIFICATE OF DEATH

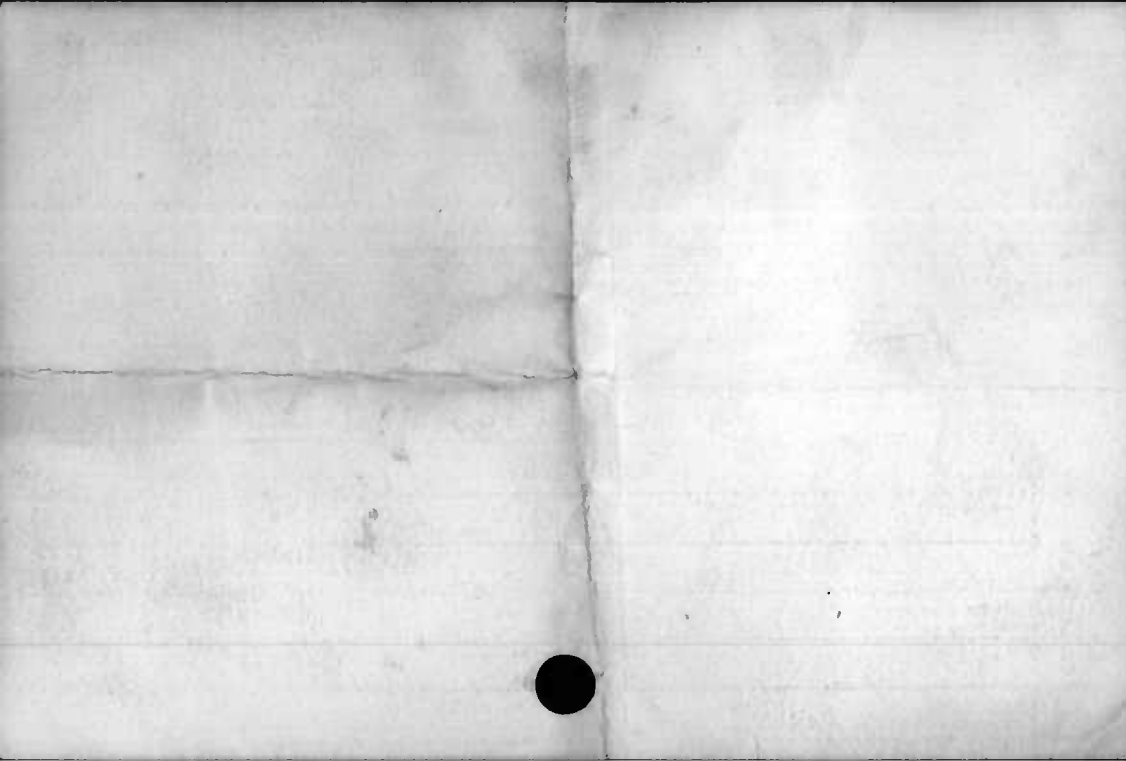
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hygnorboro</i> ^{Town}		<i>Prince Georges</i> ^{County}		MARYLAND	
Date of death	<i>1905</i>	Month <i>May</i>	Day <i>21</i>	Age <i>48</i>	Years <i>—</i> Months <i>—</i> Days <i>—</i>
Sex <i>Man</i>	Color or Race <i>Black</i>		Birth-place <i>—</i>		
Occupation <i>Boat Laborer</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Alice Clark</i>			
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information <i>Norman Key</i>				How related to deceased <i>—</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Natural Cause</i>	<i>179</i> <input checked="" type="checkbox"/> How long
Immediate		<i>—</i> How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Robert C. Billop</i>
		Address <i>Quintin J. The Pearce</i> <i>Glendale Mich</i>
Accident or Suicide? <i>—</i>		



Name
in
Full

Mrs. Mary S. Compton

CERTIFICATE OF DEATH

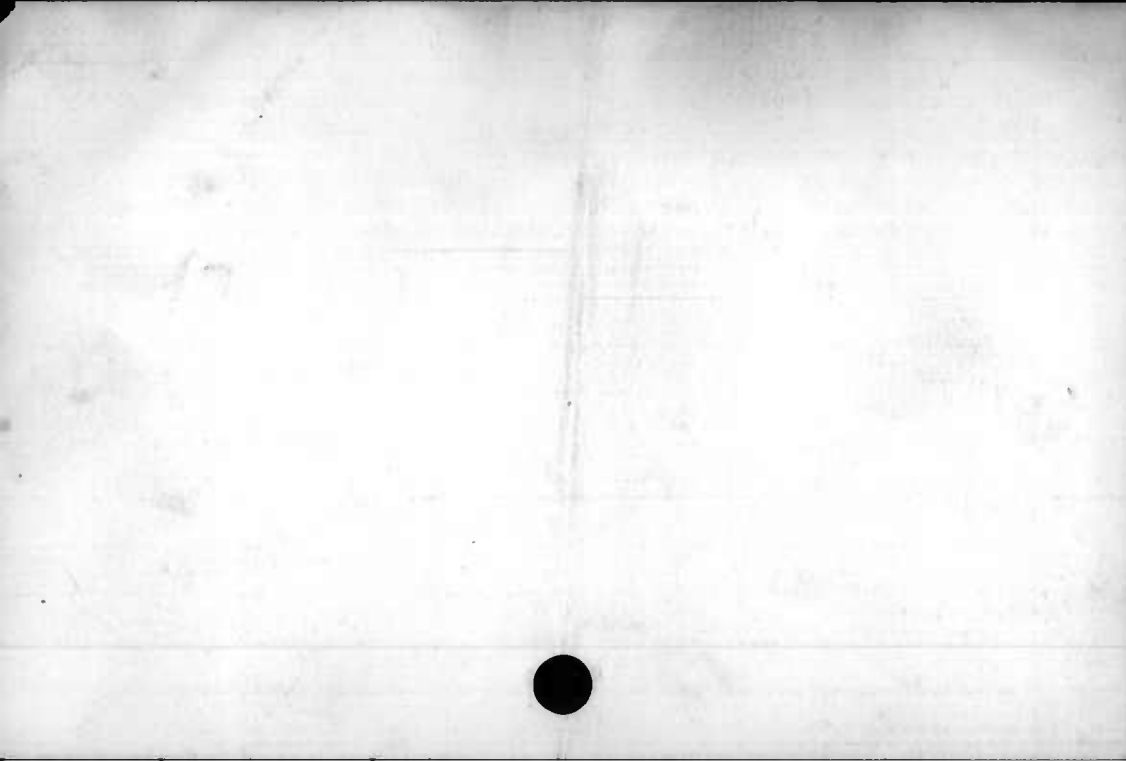
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Aquasco</i> ^{Town}		<i>Prince</i> ^{County} <i>Geo.</i>		MARYLAND	
Date of death	<i>1905</i>	Month	<i>May</i>	Day	<i>5</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Years	<i>81</i>
Occupation	<i>Housewife</i>	Birth-place	<i>District of Columbia Maryland</i>	Months	
Where Residing if not at place of death		<i>At Home</i>			
Married, Single or Widowed	<i>Widowed</i>	Name of Wife or Husband	<i>John T. W. Compton.</i>		
Father's Name	<i>Judge Edmund Key</i>	Father's Birthplace	<i>Maryland</i>		
Mother's Maiden Name	<i>Margaret J. Mackall</i>	Mother's Birthplace	<i>District of Columbia Maryland</i>		
Name of person giving Information	<i>Virgil Lawrence & Mrs Key</i>	How related to deceased	<i>No relation and daughter</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Apoplexy, right Hemiplegia</i>	How long	<i>12 yrs</i>
Immediate	<i>Failure of the vital powers</i>	How long	<i>about a week</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Wm. A. Marbury MD</i>
Address	<i>Aquasco Maryland</i>		
Accident or Suicide?	<i>No</i>		



Name in Full

Certificate of Death

Andrew Cooper
 Town County
 Died at Laurel, Prinkles MARYLAND
 Date 1915 May 29 Age 35-
 Male ~~White~~ Married ~~Widow~~ Divorced
 Female ~~Colored~~ Single ~~Widower~~ Number of children living .
 Occupation Md. Laborer

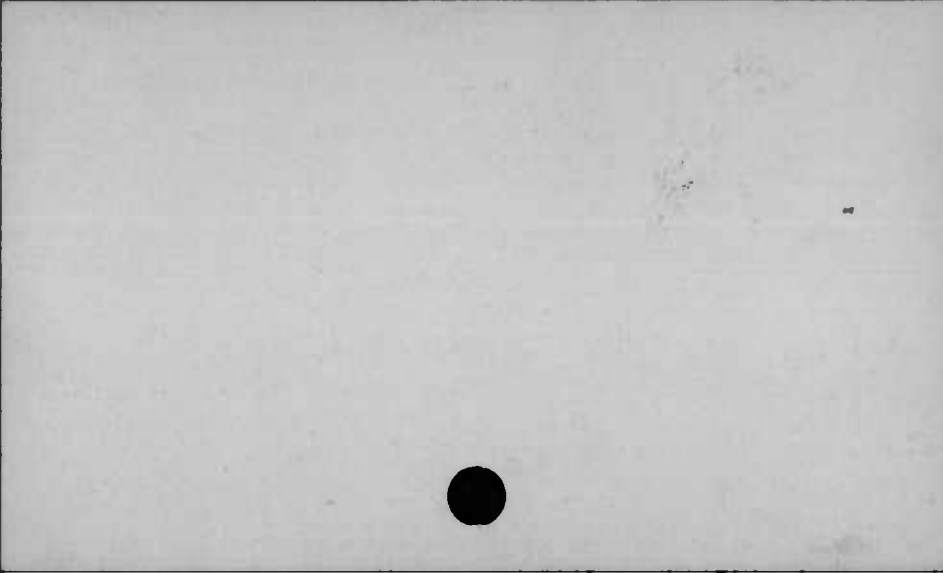
Husband of Katie Cooper
 Wife of Ben Cooper
 Father's Name Ben Cooper Mother's Maiden Name Sophie Snell
 Cause of Death { Primary Pistol shot 166
 Immediate wound
 How long sick
 Accident, Suicide, Homicide

Reported by Katie Cooper.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893



Name
in
Full

Patrick Corby

CERTIFICATE OF DEATH

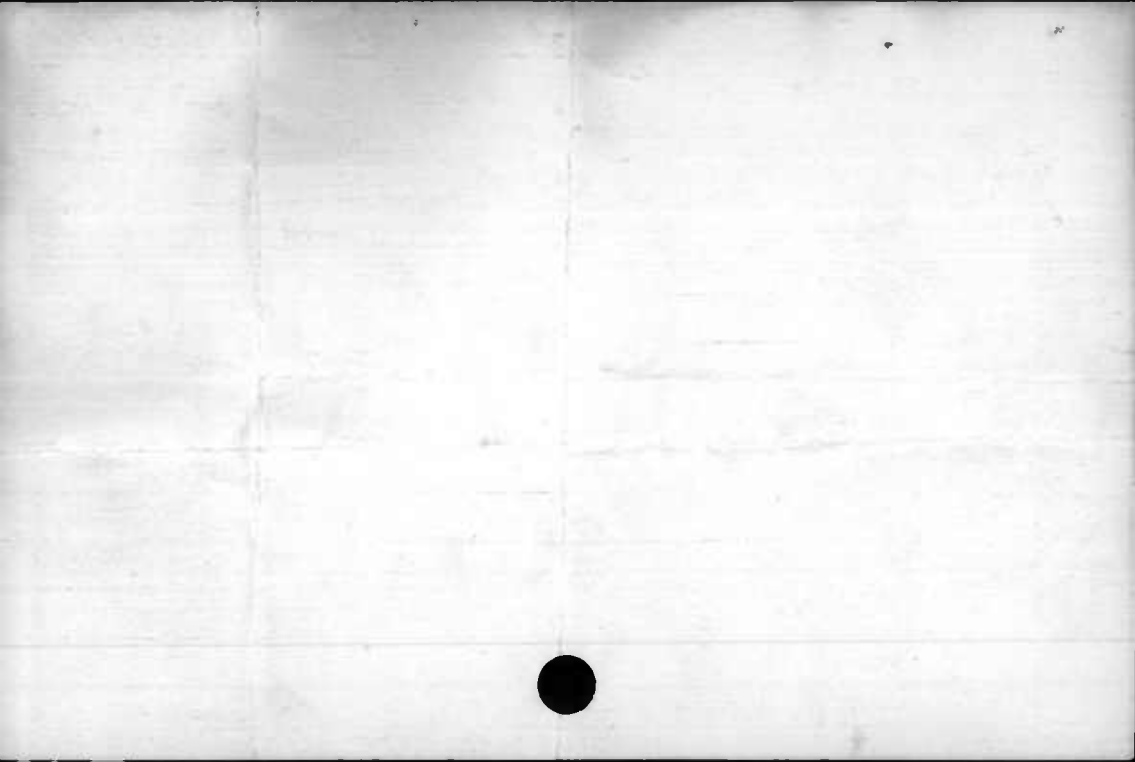
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Muirkirk</i> <small>Town</small>		<i>Prince George</i> <small>County</small>		MARYLAND	
Date of death <i>1905</i> <small>Month</small> <i>May</i> <small>Day</small> <i>25</i>		Age <i>59</i> <small>Years</small>		<i>7</i> <small>Months</small>	<i>10</i> <small>Days</small>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ireland</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband <i>Johanna Corby</i>			
Father's Name <i>John Corby</i>		Father's Birthplace <i>Ireland</i>			
Mother's Maiden Name <i>Mary Blake</i>		Mother's Birthplace <i>Ireland</i>			
Name of person giving information <i>Jane Corby</i>		How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Rheumatism, & Asthenia</i>	How long <i>3 months</i>
Immediate <i>Mitral Insufficiency</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. D. Etienne</i>
	Address <i>Berwyn Md.</i>
Accident or Suicide?	



Name
in
Full

Levinis Ebelun

CERTIFICATE OF DEATH

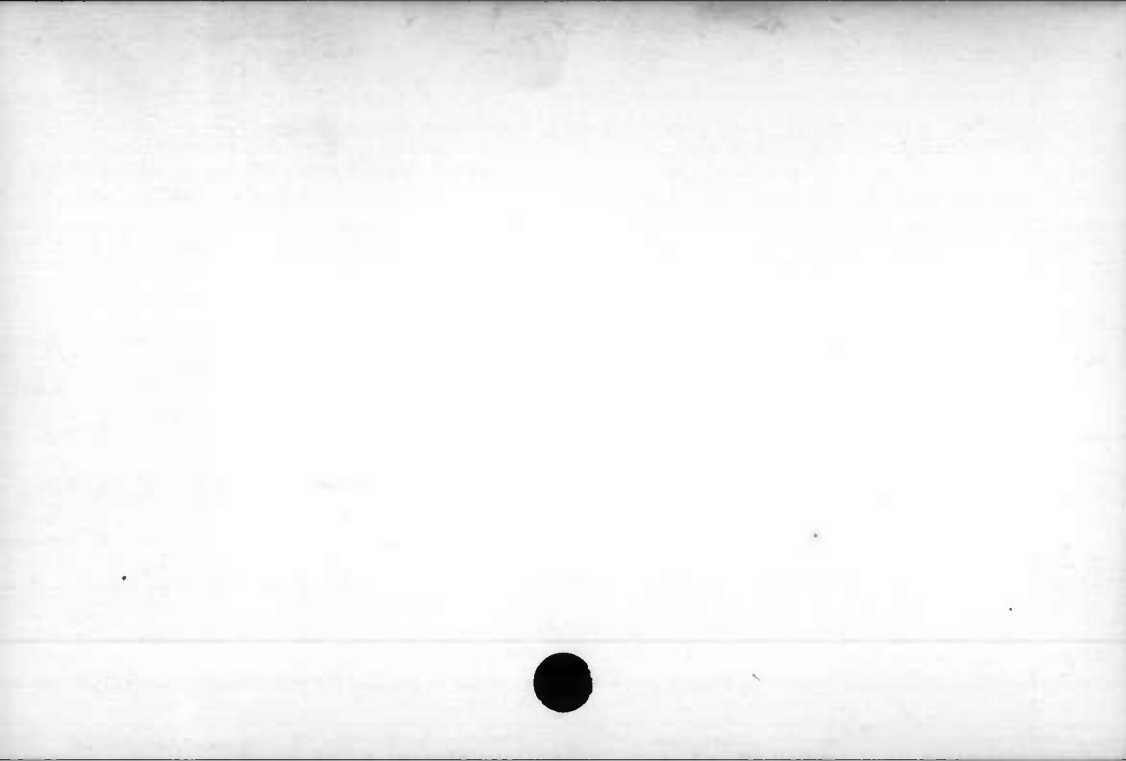
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Clinton</u> ^{Town}		<u>St. Mary's</u> ^{County}		MARYLAND	
Date of death <u>1905</u> ^{Month} <u>May</u> ^{Day} <u>21</u>		Age <u>1</u> ^{Years}		Months <u>6</u> Days <u>—</u>	
Sex <u>Female</u>		Color or Race <u>Colored</u>		Birth-place <u>Clinton, Md.</u>	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <u>John Ebelun</u>		Father's Birthplace <u>—</u>			
Mother's Maiden Name <u>—</u>		Mother's Birthplace <u>—</u>			
Name of person giving information <u>John Ebelun</u>		How related to deceased <u>father</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <u>Whooping Cough</u>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>J. L. Warrington</u>
	Address <u>Clinton St. Md.</u>
Accident or Suicide?	



Name
in
Full

Albert Fassett

CERTIFICATE OF DEATH

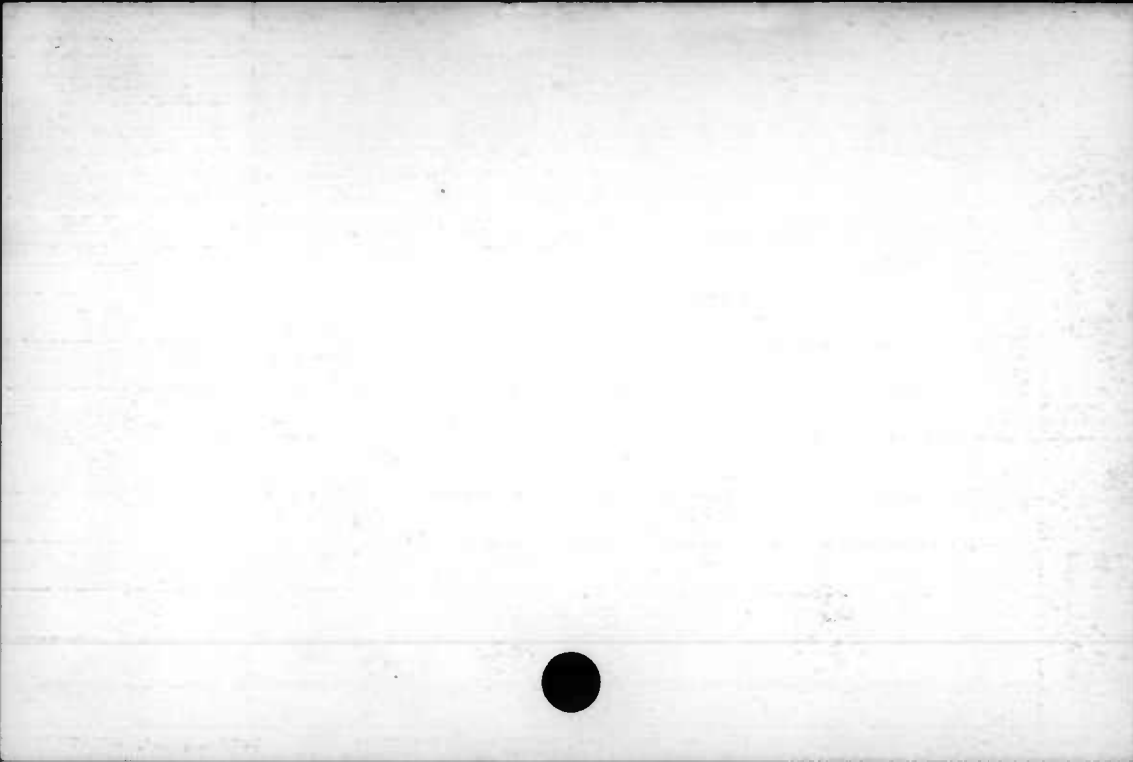
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Homes Hospital Balt-</i>		Town <i>Balt-</i>		County <i>md</i>		MARYLAND	
Date of death <i>1905</i>		Month <i>May</i>	Day <i>2</i>	Year <i>1905</i>	Age <i>16</i>	Months <i>4</i>	Days <i>27</i>
Sex <i>male</i>		Color or Race <i>Negro</i>		Birth-place <i>Tenn</i>			
Occupation <i>Inmate</i>		Where Residing if not at place of death <i>House of Reformation Md</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Albert Fassett</i>		Father's Birthplace					
Mother's Maiden Name <i>Henrietta Spencer</i>		Mother's Birthplace					
Name of person giving information <i>John B Pyles Supt</i>		How related to deceased <i>none</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Sperrylogia</i>	How long <i>64</i>
Immediate <i>Cerebro. Meningitis</i>	How long <i>15 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. H. G. Hobbs</i>
	Address <i>Croom md</i>
Accident or Suicide?	



Name
in
Full

William Henry Franklin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND		
Date of death		1905	Month	Day	Age	Years	Months	Days
Sex		male		Color or Race		black		Birth-place
Occupation		child		Where Residing if not at place of death		Mumfords		
Married, Single or Widowed		—		Name of Wife or Husband		—		
Father's Name		William Franklin		Father's Birthplace		Mumfords		
Mother's Maiden Name		Mattie Miller		Mother's Birthplace				
Name of person giving information		Wm. Franklin		How related to deceased		father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bronchitis	How long	3 mo
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	D. R. B. [Signature]
		Address	Summit Md
Accident or Suicide?			



Name
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CERTIFICATE OF DEATH

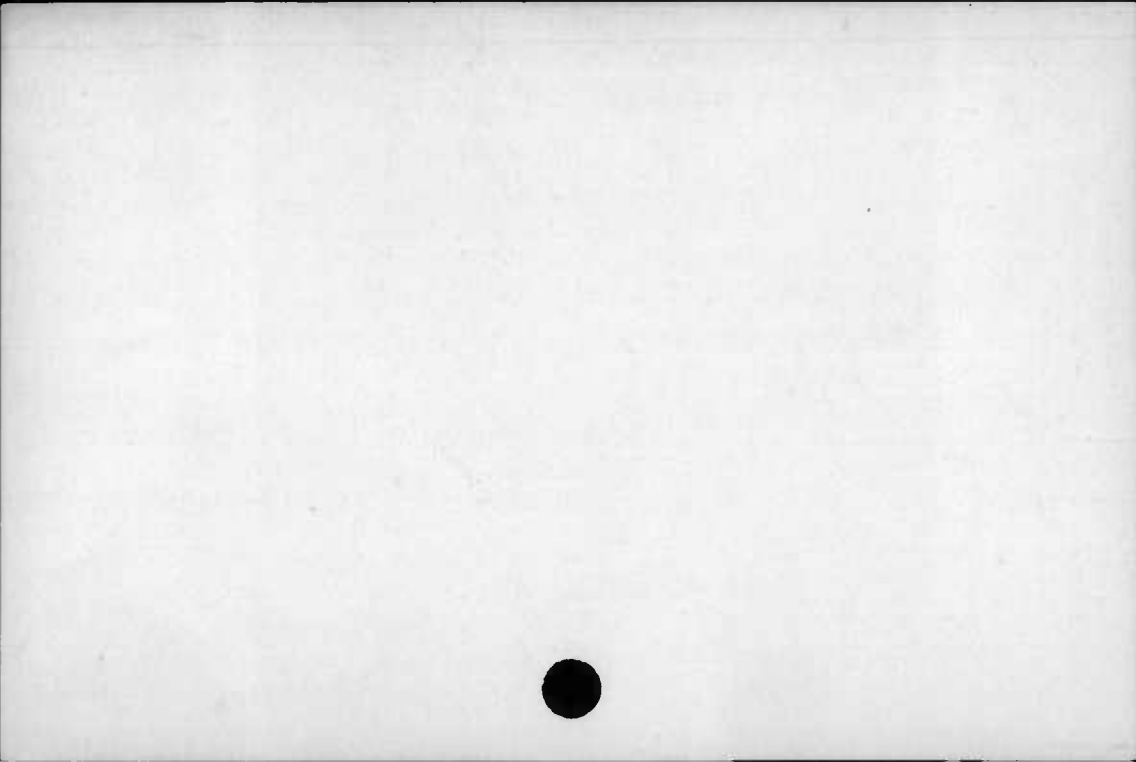
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rosaryville</i> Town <i>P. Geo</i> County		MARYLAND	
Date of death <i>1905 May 8</i>	Month <i>5</i> Day <i>8</i>	Age <i>—</i>	Years <i>—</i> Months <i>—</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>P. Geo C Md</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>	
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Otha Green</i>		
Father's Name <i>Benj Wells</i>	Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>—</i>	Mother's Birthplace <i>—</i>		
Name of person giving information <i>Edward Holland</i>	How related to deceased <i>none</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Valvular Disease Heart</i>	How long <i>2 yrs</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. Guffey</i>
	Address <i>Upper Marlboro, Md</i>
Accident or Suicide?	



Name
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Full

CERTIFICATE OF DEATH

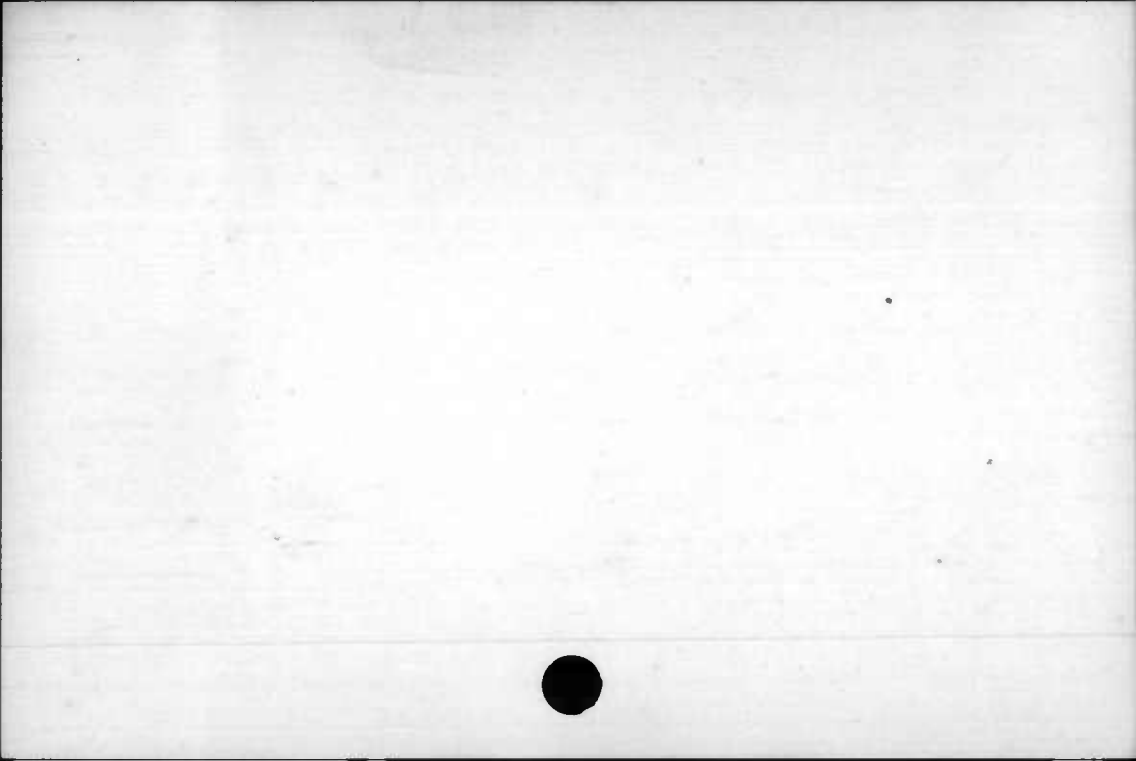
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Ann Harrison		Town Upper Marlboro		County P.G.		MARYLAND	
Died at Upper Marlboro		Month 5		Day 31		Years 65	
Date of death 1903		Month 5		Day 31		Age 65	
Sex Female		Color or Race Black		Birth- place P.G. Md		Months X	
Occupation Housewife		Where Residing if not at place of death 		Days X			
Married, Single or Widowed Married		Name of Wife or Husband John Harrison		Father's Name Don't Know		Father's Birthplace Don't Know	
Mother's Maiden Name Ann Harrison		Mother's Birthplace 		How related to deceased Son			
Name of person giving Information Roman Harrison							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Paralysis	How long 24 hrs
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician Reverdy Sasser
	Address Upper Marlboro, Md.
Accident or Suicide?	



Name
in
Full

Mary Henry

CERTIFICATE OF DEATH

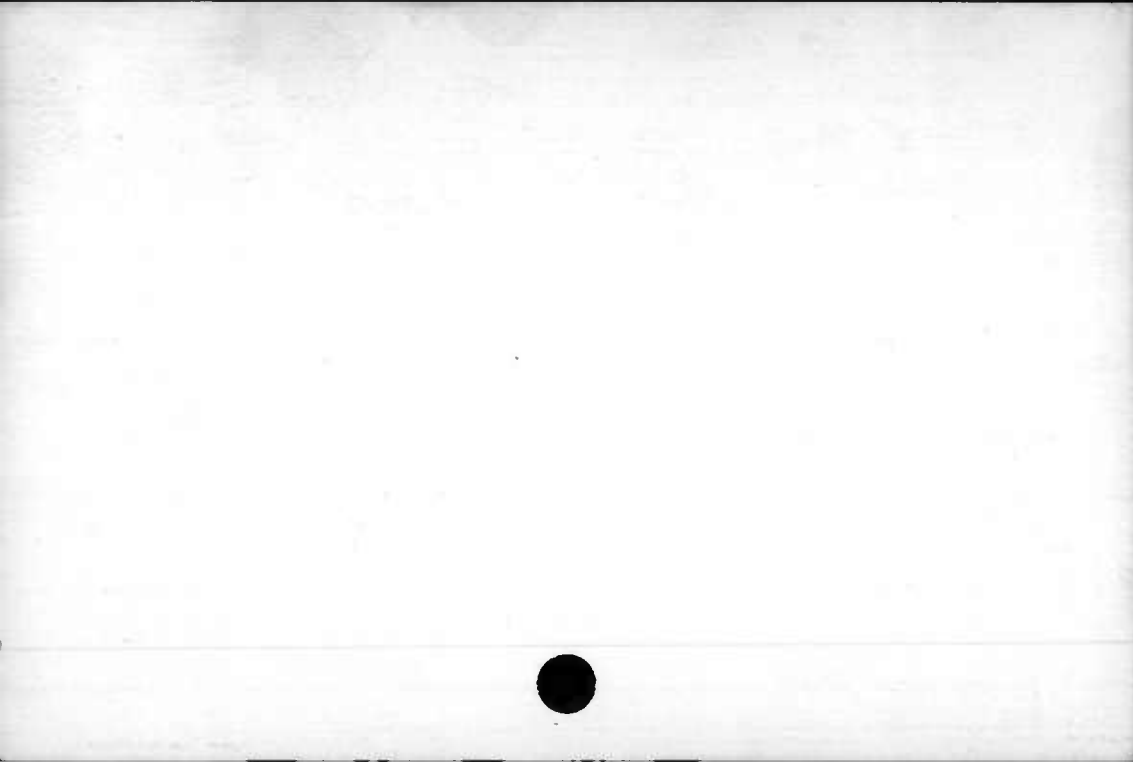
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Mitchellville		County Prince George		MARYLAND					
Date of death	1905	Month	May	Day	3	Age	62	Months	2	Days	-
Sex	Female		Color or Race	Colored		Birth-place	Maryland				
Occupation	Seamstress				Where Residing if not at place of death			—			
Married, Single or Widowed	Widow		Name of Wife or Husband		—						
Father's Name	Robert Fletcher					Father's Birthplace	Maryland				
Mother's Maiden Name	Charity Wood					Mother's Birthplace	Maryland				
Name of person giving information	Abraham Henry					How related to deceased	Son				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cancer of the liver		How long	40	Not known
Immediate	Malnutrition		How long	1 month	
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	Dr. A. R. Walker	
			Address	Halls, Md.	
Accident or Suicide?	—				



Name
in
Full

Chas. F. Kenick

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

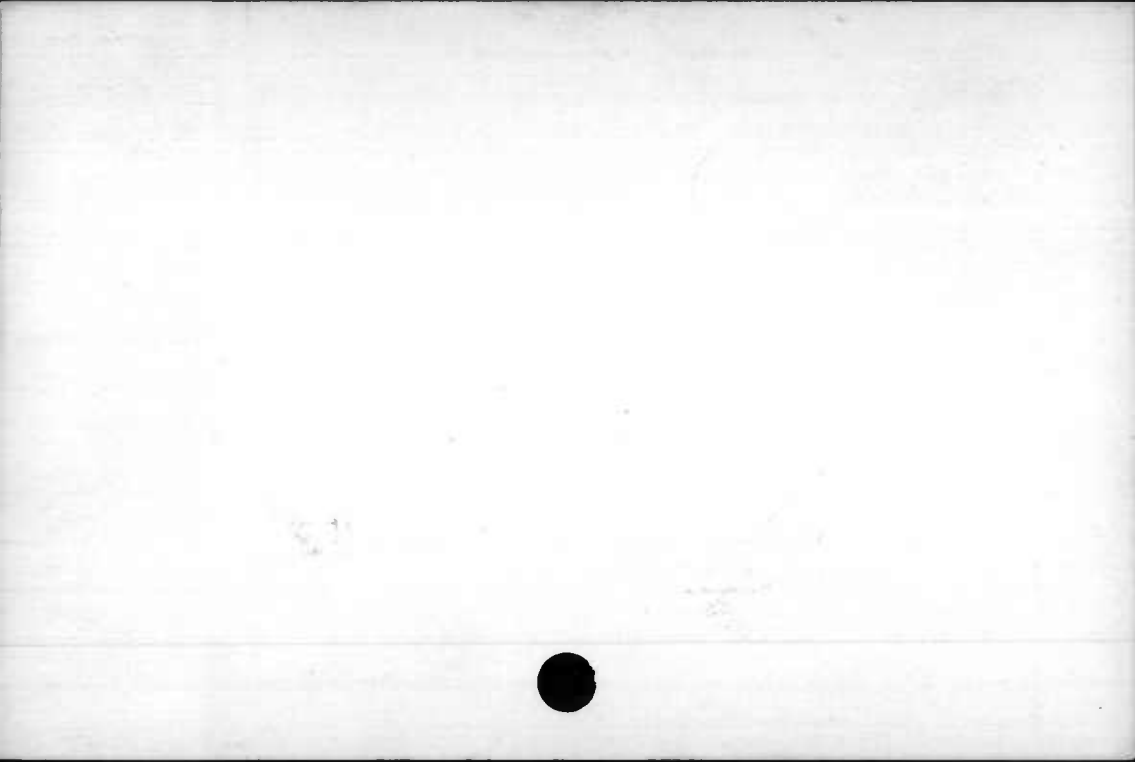
MARYLAND

Died at <i>Centerville</i> Town		<i>Dej.</i> County			
Date of death <i>1905</i> Month <i>May</i> Day <i>7</i>	Age <i>—</i> Years	Months <i>—</i>	Days <i>30</i>		
Sex <i>male</i>	Color or Race <i>Colored</i>	Birth-place <i>Dej. G. Md.</i>			
Occupation <i>—</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>—</i>		Name of Wife or Husband			
Father's Name <i>Mr. Kenick</i>		Father's Birthplace <i>Dej. G. Md.</i>			
Mother's Maiden Name <i>Gora Lee</i>		Mother's Birthplace <i>do</i>			
Name of person giving information <i>Mr. Kenick</i>		How related to deceased <i>father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>71</i> ✓	How long
Immediate <i>Convulsions</i>		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John L. Waring</i>	
<i>Yes</i>	Address <i>Clinton, Md.</i>	
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James Henry Knott

Died near Piscataway Prince George

Date of death 1905 3 31 Age 61

Sex Male Color or Race White Birthplace Md.

Occupation Painter Where Residing if not at place of death

Married, Single or Widowed Widower Name of Wife or Husband

Father's Name Richard Henry Knott Father's Birthplace Md.

Mother's Maiden Name Susan Graddard Mother's Birthplace Md.

Name of person giving information James Walter Knott How related to deceased Son

CAUSES OF DEATH

Primary Cerebral Hemorrhage How long 64 3 days.

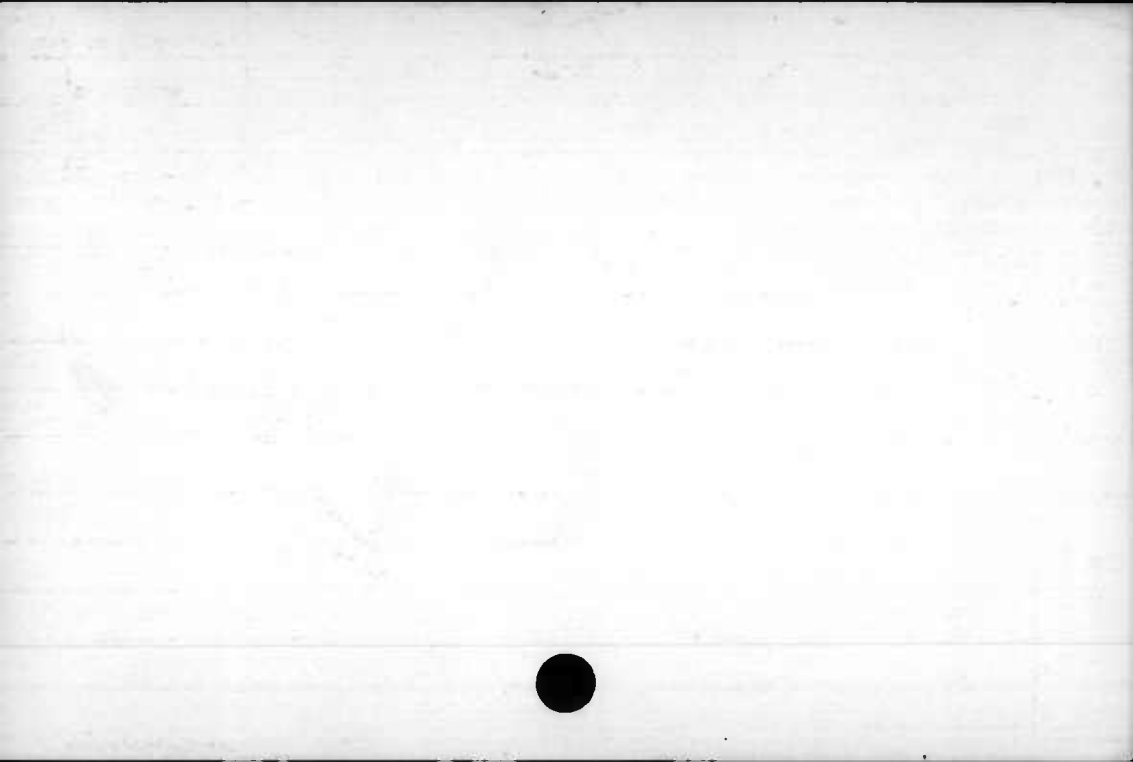
Immediate

Are the name, age, sex, color, date and place correctly given above? Yes

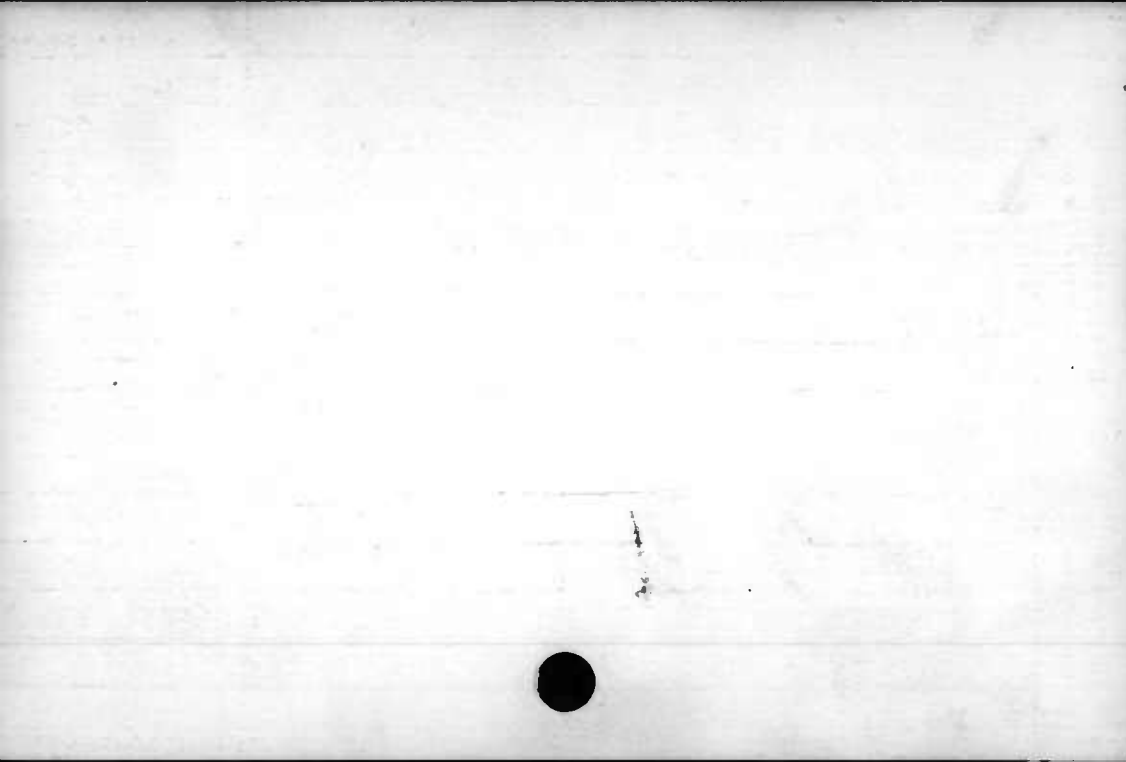
Signature of Physician E. S. Knott

Address Piscataway

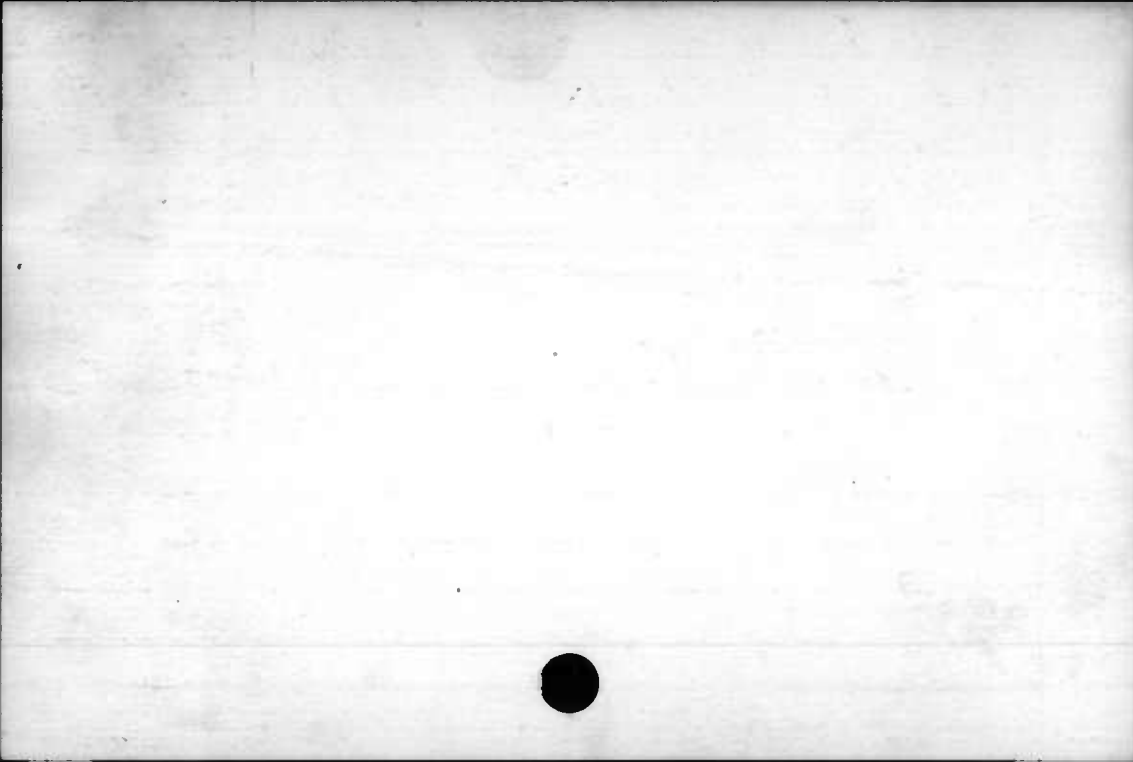
Accident or Suicide?



Name in Full Ernest Lancaster		CERTIFICATE OF DEATH	
Died at Piscataway <small>Town</small>		Princeton <small>County</small>	
Date of death 1905		MARYLAND	
Month 5		Day 29	
Age 50		Years 50	
Sex Male		Color or Race Colored	
Occupation Farmer		Birth-place Pr. Geo. Co. Md.	
Where Residing if not at place of death -			
Married, Single or Widowed -		Name of Wife or Husband -	
Father's Name Augustus Lancaster		Father's Birthplace Charles Co.	
Mother's Maiden Name Harriet Gray		Mother's Birthplace " "	
Name of person giving information John Lancaster		How related to deceased Brother	
CAUSES OF DEATH			
Primary Typhoid Pneumonia		11 <input checked="" type="checkbox"/> long 4 weeks	
Immediate		1 <input type="checkbox"/> long	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Harry Kelley M.D.	
		Address Brookview Md.	
Accident or Suicide?			



Name in Full		Leizure (M.L.P.)				CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND		Died at		Laurel ^{Town} Md		P Geo ^{County}		MARYLAND			
		Date of death		1905	May	10	Age	Years	Months	2 Days	
		Sex		Male		Color or Race		White		Birth-place	Laurel
		Occupation				Where Residing if not at place of death					
		Married, Single or Widowed				Name of Wife or Husband					
PHYSICIAN OR CORONER		Father's Name				Maurice Leizure				Father's Birthplace	Montz Co
		Mother's Maiden Name				Lottie Wells				Mother's Birthplace	P Geo
		Name of person giving information				Maurice Leizure				How related to deceased	Father
CAUSES OF DEATH											
PHYSICIAN OR CORONER		Primary		Convulsions				How long	Few hours		
		Immediate		Heart Failure				How long	Short time		
		Are the name, age, sex, color, date and place correctly given above?				Yes					
PHYSICIAN OR CORONER		Signature of Physician				J R Hunt					
		Address				Laurel Md					
PHYSICIAN OR CORONER		Accident or Suicide?									



Name
in
Full

unnamed

CERTIFICATE OF DEATH

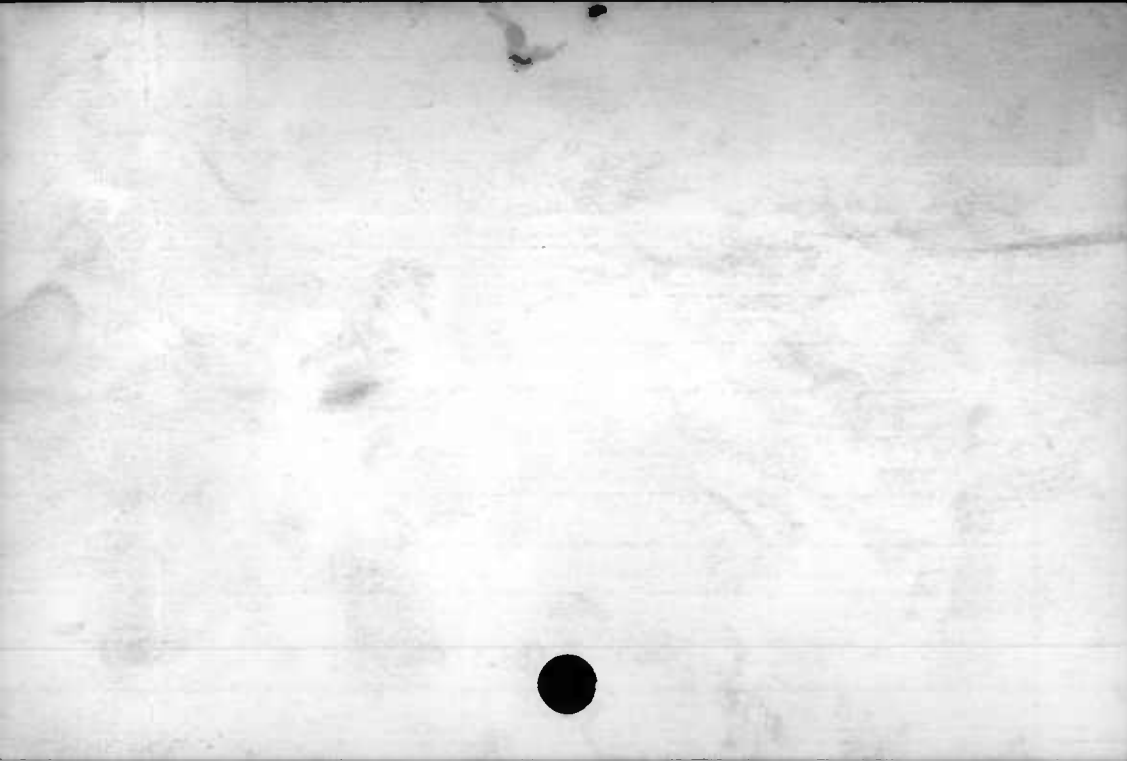
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Beltsville</i> ^{Town}		<i>Prince Geo.</i> ^{County}		MARYLAND	
Date of death <i>1905</i> ^{Month} <i>May</i> ^{Day} <i>1</i>		Age <i>—</i> ^{Years}		Months <i>—</i> Days <i>—</i>	
Sex <i>Male</i>	Color or Race <i>black</i>	Birth-place <i>md</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Las Lewis</i>		Father's Birthplace <i>DC</i>			
Mother's Maiden Name <i>Rosa Mackey</i>		Mother's Birthplace <i>md</i>			
Name of person giving information <i>Las Lewis</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>still born</i>	How long <i>8</i>
Immediate	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. F. Taylor</i>
	Address <i>Laurel Md</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John Mc Cubbin

Died at

N^{Town}ottingham

County

R Geo

MARYLAND

Date

of death

1905

Month

May

Day

2

Years

Age

71

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Md

Occupation

Farmer

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Dr J M S Mc Cubbin

Father's
Birthplace

md

Mother's
Maiden Name

Ann Hay lor

Mother's
Birthplace

"

Name of person giving
In formation

Julia Kaldenbach

How related
to deceased

niece

CAUSES OF DEATH

Primary

Gastric Catarrh

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

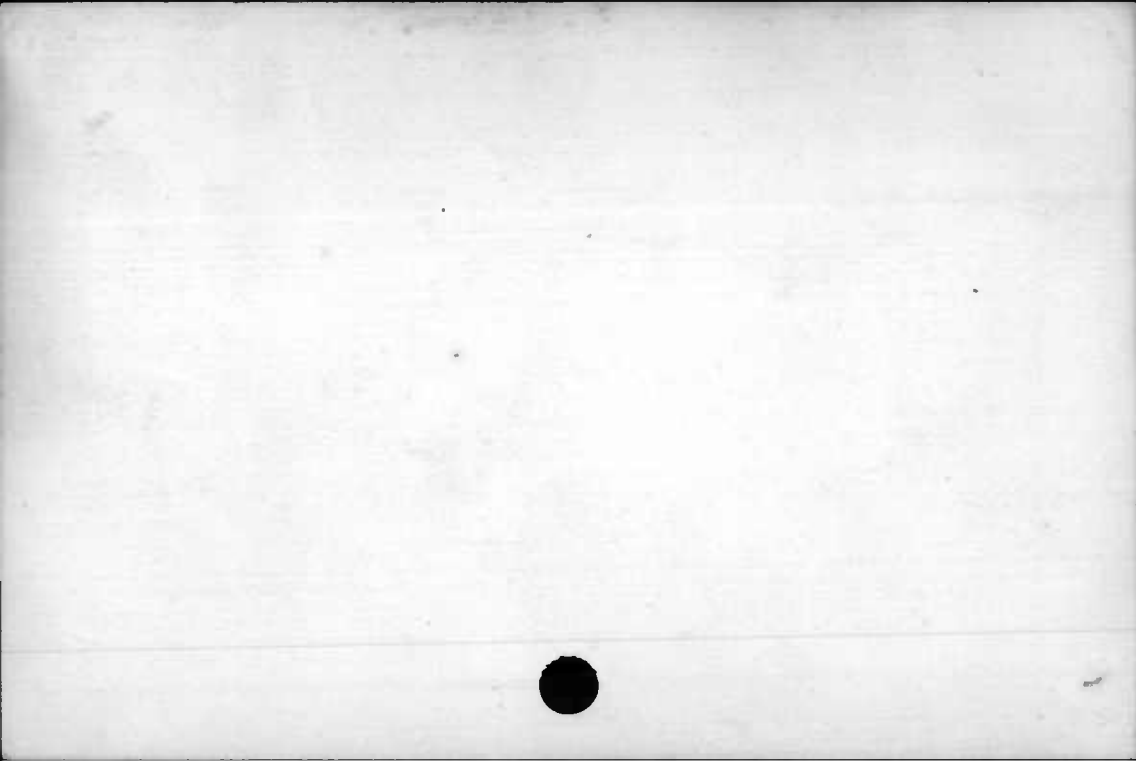
Yes

Signature of
Physician

Address

W H Gibbons MD
Croon md.

Accident or Suicide?



Name in Full

Certificate of Death

Mary E. Masters

Town

County

Died at

Silver Hill Road P.O. Co Md

MARYLAND

Date 1905-

Month

Day

Y.

M.

D.

Native of

Occupation

May 26

Age

25-

D.C.

Housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~

Widower

Number of children living

0

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Immediate

How long sick

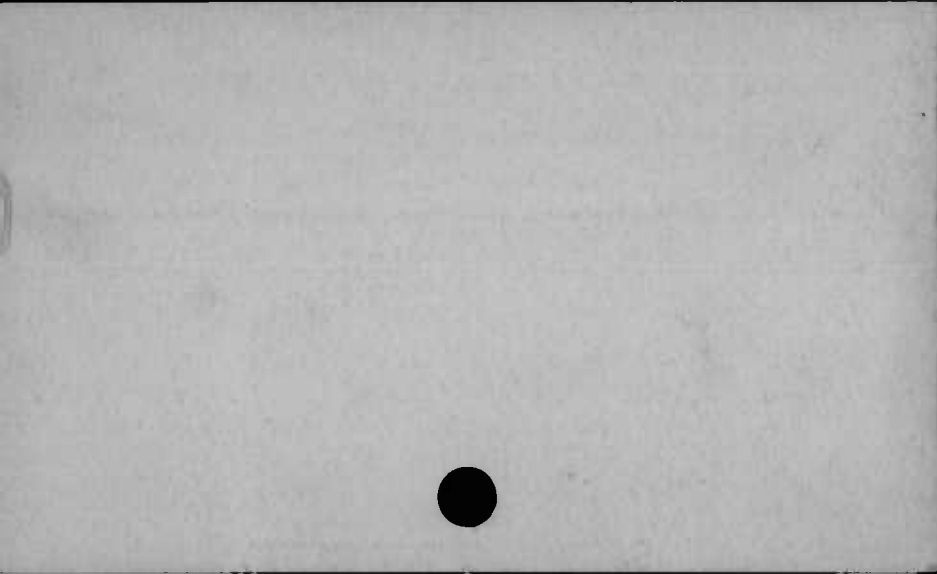
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
Full

Ellen. Husem

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Coutts</i> <small>Town</small>		<i>Pine</i> <small>County</small>		MARYLAND	
Date of death <i>1908-May</i> <small>Month</small>		<i>24</i> <small>Day</small>	<i>21</i> <small>Years</small>	<i></i> <small>Months</small>	<i></i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Pine Br. Co.</i>			
Occupation <i>House wife</i>	Where Residing if not at place of death <i>at Place of death</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Joseph Husem</i>				
Father's Name <i>William H. Husem</i>	Father's Birthplace <i>Balt.</i>				
Mother's Maiden Name <i>Sissy Englehart</i>	Mother's Birthplace <i>Pine Br. Co.</i>				
Name of person giving information <i>Joseph Husem</i>		How related to deceased <i>Husband</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cardiac Failure</i>	How long <i>2 hrs.</i>
Immediate <i>Arrhythmia</i>	How long <i></i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. Ryerley</i>
	Address <i>Laurel, Md.</i>
Accident or Suicide? <i></i>	



Name
in
Full

John H. Proctor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Washington, D.C.

County

MARYLAND

Date of death 1905 ^{Month} May ^{Day} 17 ^{Age} — ^{Years} — ^{Months} — ^{Days} 7Sex Male Color or Race Colored Birth-place Wash. D.C.

Occupation _____ Where Residing if not at place of death _____

~~Married~~, Single Widowed Name of Wife or Husband _____Father's Name Wm Proctor Father's Birthplace Ind.Mother's Maiden Name _____ Mother's Birthplace Ind.Name of person giving information Wm Proctor How related to deceased father

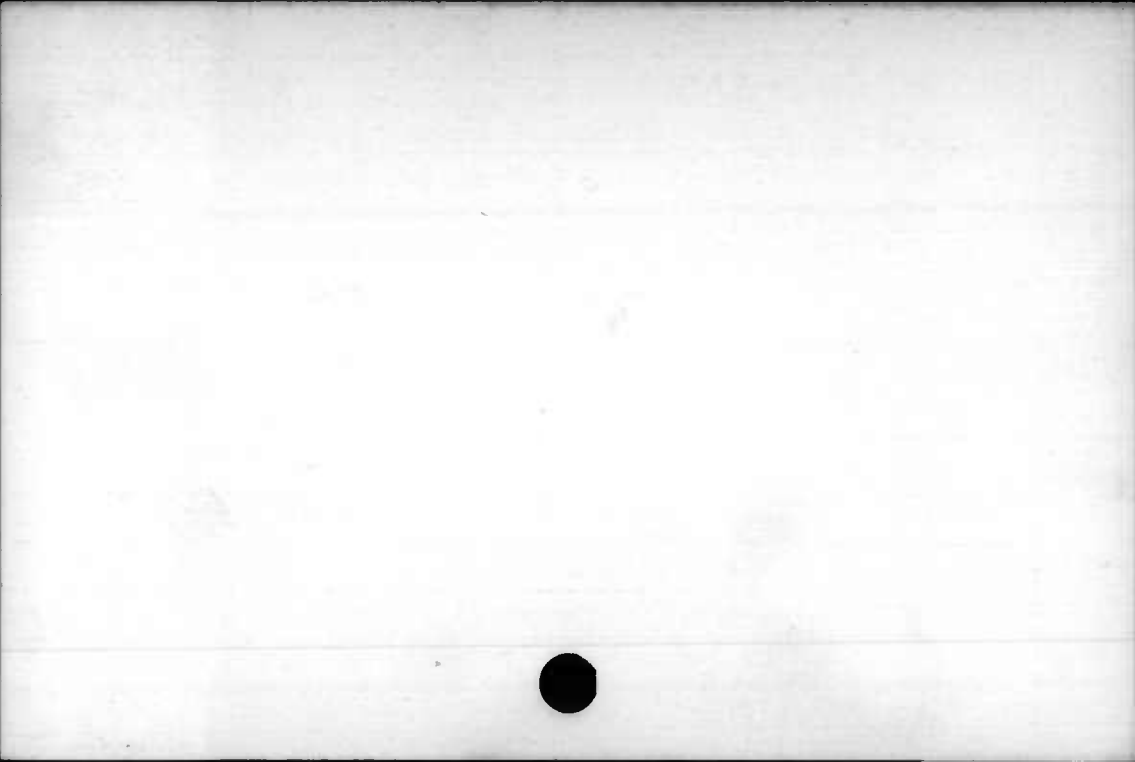
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary _____ How long _____

Immediate Cholera Infantis How long _____Are the name, age, sex, color, date and place correctly given above? _____ Signature of Physician J. L. WarringtonAddress Clinton Ind.

Accident or Suicide? _____



Name
in
Full

Julia Ann Procter

CERTIFICATE OF DEATH

Town

Cedarville

County

P. G. Co.

MARYLAND

Died at

Date

of death 1905

Month

5

Day

27

Years

Age

37

Months

Days

Sex

female

Color or
Race

Colorado

Birth-
place

Ind

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

married

Name of ~~Wife~~
Husband

Harry Procter

Father's
Name

Sylvester Procter

Father's
Birthplace

Ind

Mother's
Maiden Name

Margaret Procter

Mother's
Birthplace

Ind

Name of person giving
In formation

James Procter

How related
to deceased

Brother-in-law

CAUSES OF DEATH

Primary

Tuberculous Pulmonary

How long

2 yrs

Immediate

Asthma

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

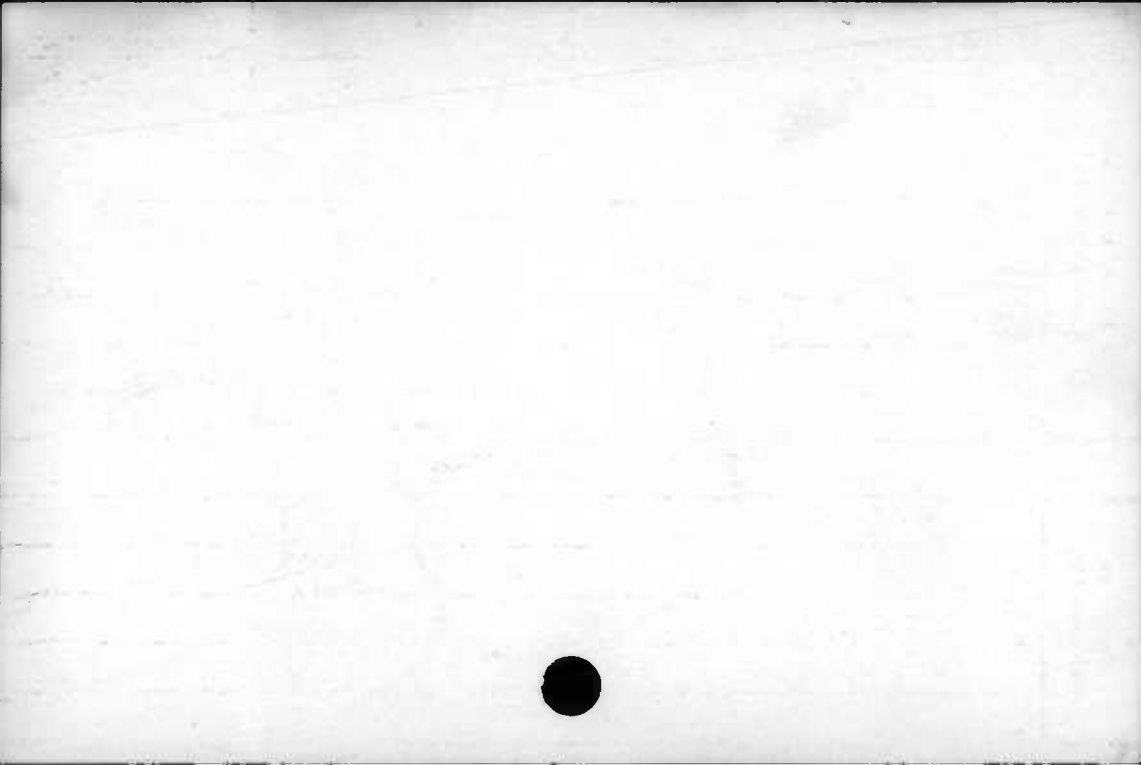
Address

John A. Corbin
213

Accident or Suicide?

Ind

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Marguerite L Raybold

CERTIFICATE OF DEATH

Died at ^{Town} Riverdale^{County} Prince Geo.

MARYLAND

Date of death 1905 May

Day 8th Age -

Months 1 Days -

Sex Female

Color or Race white

Birth-place Maryland

Occupation none

Where Residing if not at place of death

Married, Single or Widowed single

Name of Wife or Husband -

Father's Name Walter C Raybold

Father's Birthplace Wash D. C.

Mother's Maiden Name Catherine Prineas

Mother's Birthplace Wash D. C.

Name of person giving information Walter C Raybold

How related to deceased Father

CAUSES OF DEATH

Primary Enteric-colitis

How long 3 days

Immediate Convulsions

How long 24 hrs

Are the name, age, sex, color, date and place correctly given above? Yes

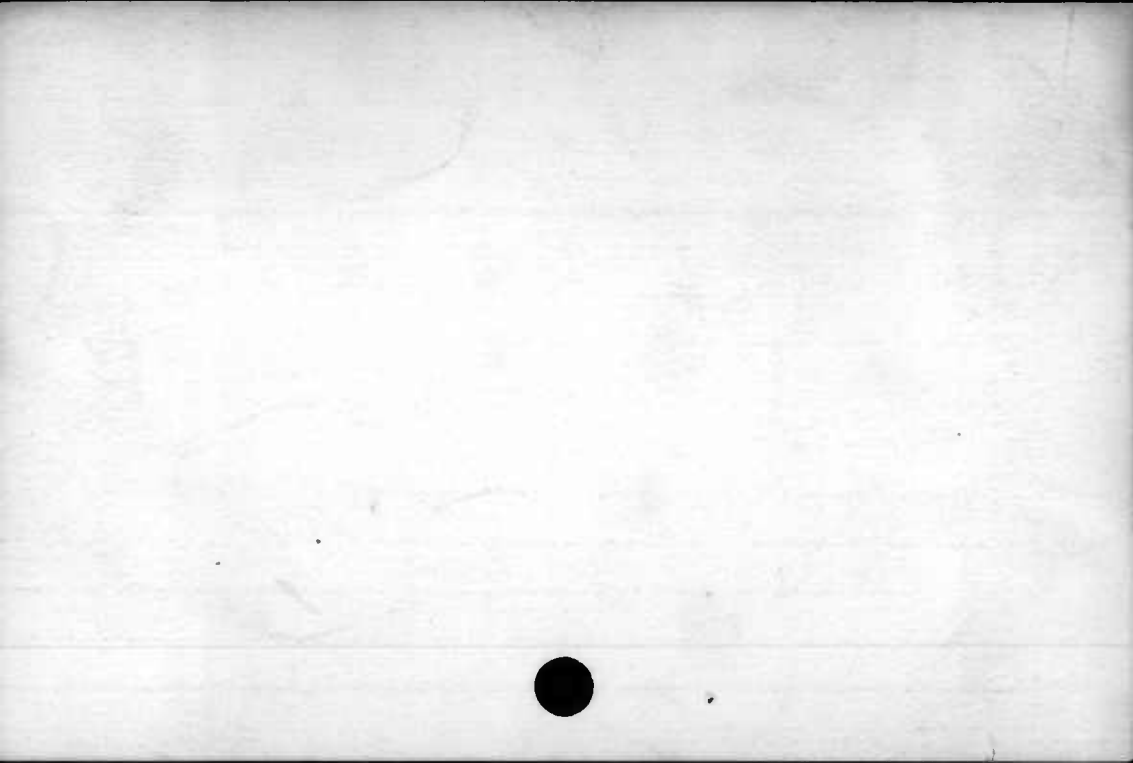
Signature of Physician

Address

Isabel Rattner MD
Hyattsville
Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full

Certificate of Death

Maranda M. Rober

Died at ^{Town} *Delmar* ^{County} *Prince Geo Co.* *MARYLAND*

Date *1905* ^{Month} *May* ^{Day} *21* ^{Y.} *82* ^{M.} *82* ^{D.} *82* ^{Native of} *Maryland* ^{Occupation} *House wife*

~~Male~~ ^{White} ~~Colored~~ ^{Married} ~~Single~~ ^{Widow} ~~Widower~~ ^{Divorced} ~~Number of children living~~ *none*

~~Husband~~ of *the late Alfred Rober*
 Wife *not known*
 Father's Name *not known* Mother's Name *not known*

Cause of Death { Primary *Cancer of eye* Immediate *Asthma* } *44* ^{How long sick} *one year*
 Accident, Suicide, Homicide

Reported by *J. M. Parker M.D.*
 Address *Congress Heights D.C.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Wm. T. Ryan

Bruce George

Died at Glendale

P.G.

County

MARYLAND

Date of death 1904 May 30

Day

Age

Years

70

Months

Days

Sex Male

Color or
Race

white

Birth-
place

P.G. Md.

Occupation

Farmer

Where Residing if not
at place of deathMarried, Single
or Widowed

Widowed

Name of Wife or
Husband

Bennetta Ryan

Father's
Name

Hon Ryan

Father's
Birthplace

P.G. Md.

Mother's
Maiden NameMother's
BirthplaceName of person giving
information

Harman E Ryan

How related
to deceased

Son

CAUSES OF DEATH

Primary

Remittent Malarial fever

How long

4 weeks

Immediate

As Florida

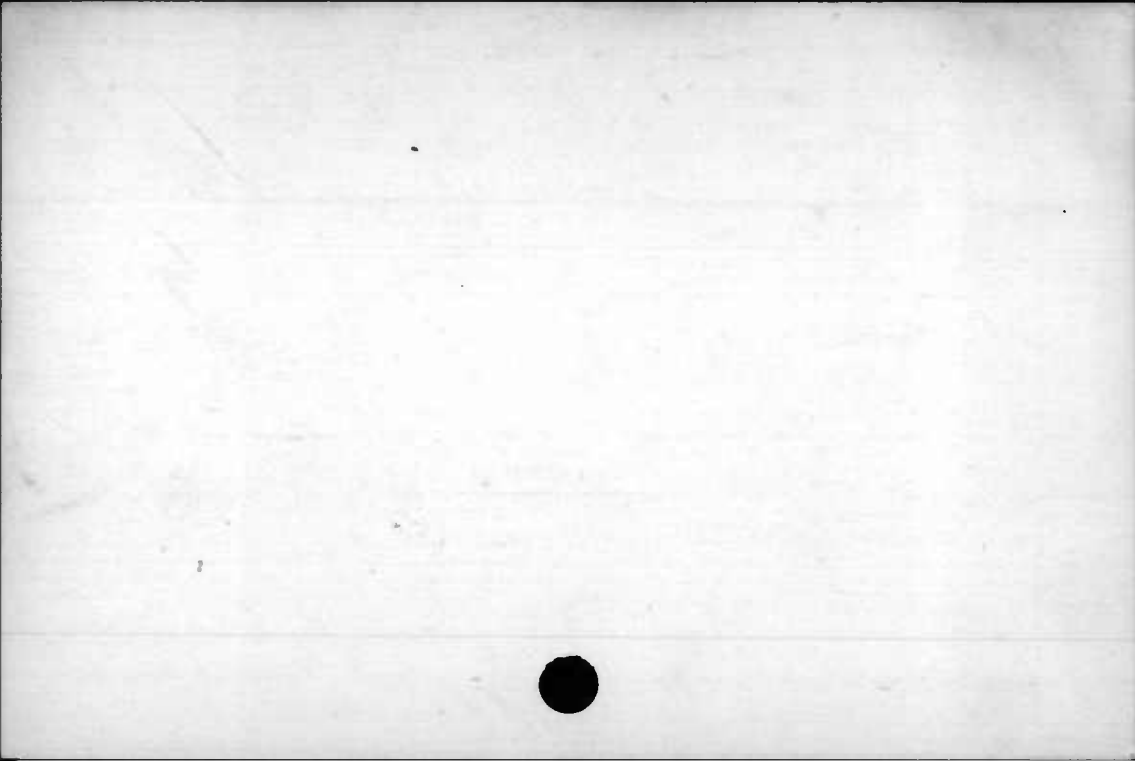
How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

J. M. O'Neal M.D.
Springfield Md.

Accident or Suicide?



Name
in
Full

Unnamed Child

CERTIFICATE OF DEATH

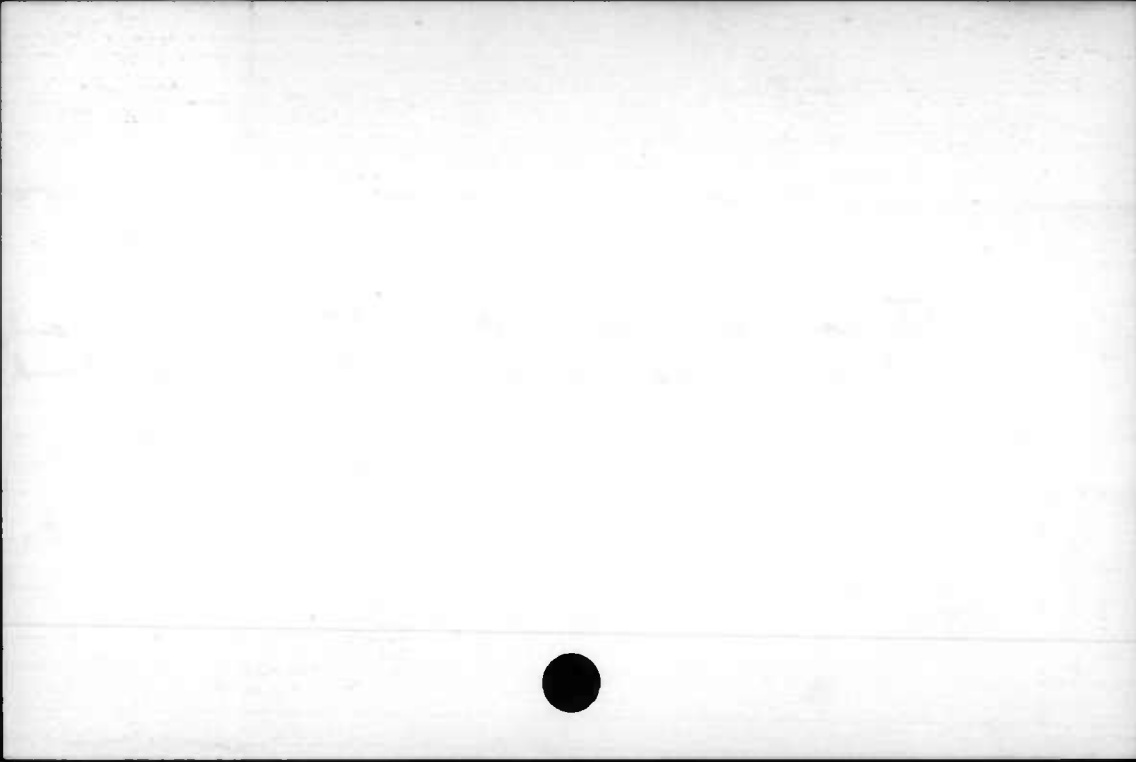
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Brightseat</u> <small>Town</small>		<u>Prince George</u> <small>County</small>		MARYLAND	
Date of death <u>1905</u>	<u>May</u> <small>Month</small>	<u>23</u> <small>Day</small>	<u>—</u> <small>Years</small>	<u>—</u> <small>Months</small>	<u>1</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth-place <u>Maryland</u>			
Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Arthur G. Smith</u>		Father's Birthplace <u>Maryland</u>			
Mother's Maiden Name <u>Martha Savoy</u>		Mother's Birthplace <u>Maryland</u>			
Name of person giving information <u>Arthur G. Smith</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Inanition</u>	How long	<u>1 day</u>
Immediate	<u>"</u>	How long	<u>" "</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Dr. A. R. Walker</u>	
		Address <u>Stalls, Md</u>	
Accident or Suicide? <u>—</u>			



Name
in
Full

Still born child

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Halls		County Prince Georges		MARYLAND	
Date of death	1905	Month May	Day 29	Age	Years	Months	Days
Sex	male		Color or Race	Colored		Birth- place	Maryland
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name	Frank Spizgo					Father's Birthplace	Maryland
Mother's Maiden Name	Cecelia Smith					Mother's Birthplace	Maryland
Name of person giving In formation	Frank Spizgo					How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	miscarriage		How long	24 hours.
Immediate			How long	"
Are the name, age, sex, color, date and place correctly given above?	yes		Signature of Physician	Dr. A. R. Walker
			Address	Halls, Md.
Accident or Suicide?	-			



Name
in
Full

Emma Pearl Taylor

CERTIFICATE OF DEATH

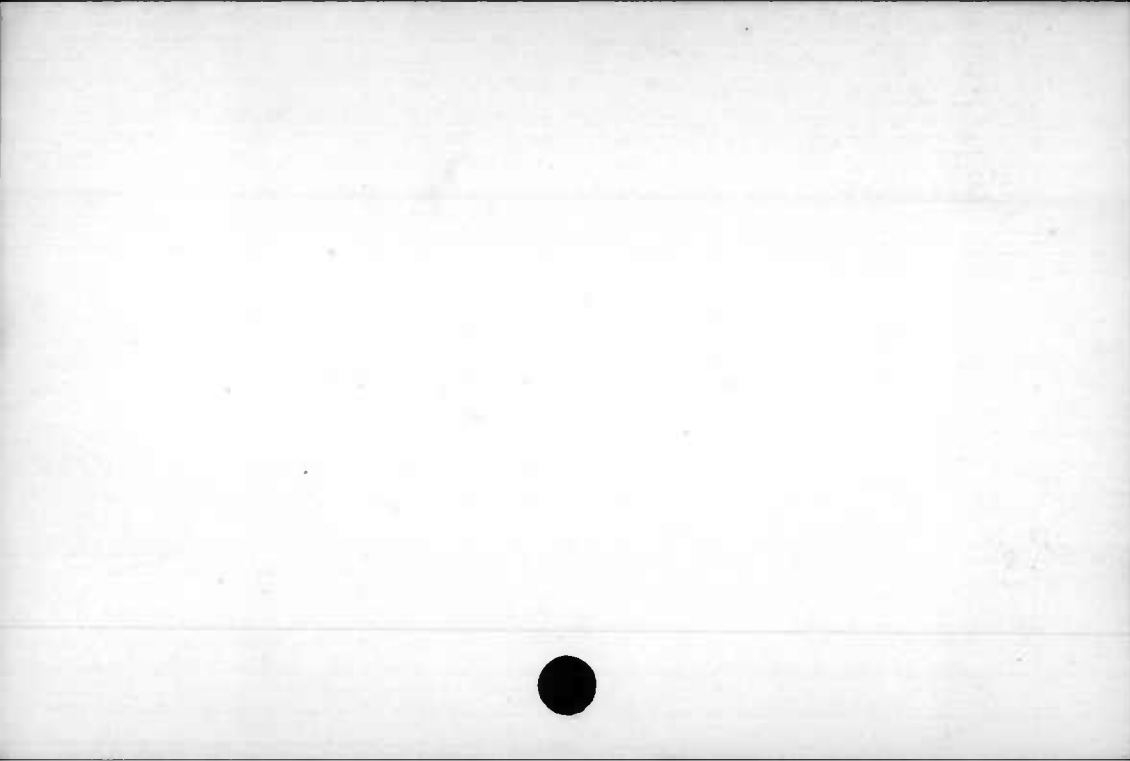
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Silver Hill</u> ^{Town}		<u>Pr. Geo. Co.</u> ^{County}		MARYLAND	
Date of death	<u>1905</u>	Month <u>5</u>	Day <u>2</u>	Age <u>18</u> years	Months <u>6</u> Days <u>27</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Maryland</u>		
Occupation <u></u>			Where Residing if not at place of death <u></u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u></u>			
Father's Name <u></u>		Father's Birthplace <u>md.</u>			
Mother's Maiden Name <u></u>		Mother's Birthplace <u>md.</u>			
Name of person giving information <u></u>		How related to deceased <u></u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pulmonary Tuberculosis.</u>	How long <u>5 yrs.</u>
Immediate <u>Coma</u>	How long <u>1 Day</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Dr. R. A. Pyles</u>
<u>Copied by J. H. S.</u>	Address <u>Anacosta,</u> <u>md.</u>
Accident or Suicide?	



Name
in
Full

Catharine Marina Jayman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Nottingham^{County} P. G.

Date of death 1905 May

Day 25

Age Years 8

Months 2

Sex Female

Color or Race White

Birth-place P. G. Co

Occupation

none

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Charles C. Jayman

Father's
Birthplace

P. G. Co.

Mother's
Maiden Name

Russek Thomas

Mother's
Birthplace

P. G. Co.

Name of person giving
In formation

Chas C Jayman

How related
to deceased15-0-0
forther

CAUSES OF DEATH

Primary

Hydrocephalus

How long

7 1/2 months

Immediate

Are the name, age, sex, color, date
and place correctly given above?

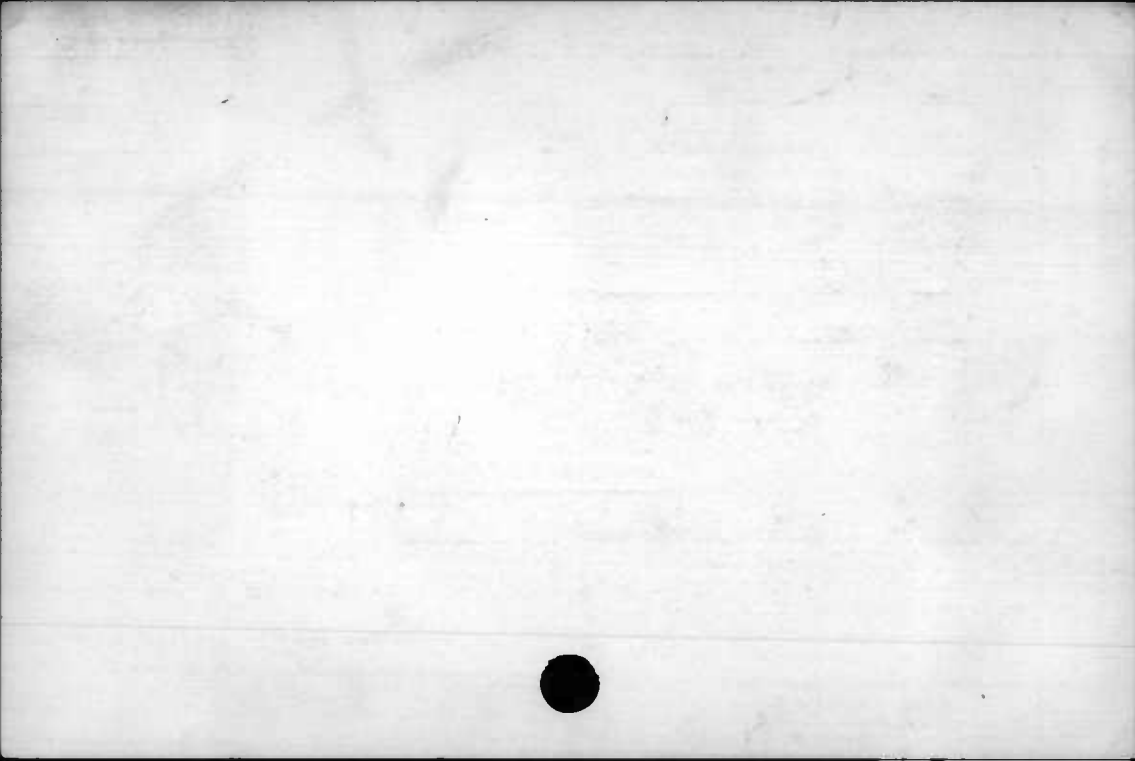
yes

Signature of
Physician

Address

W. H. Gibbons

Accident or Suicide?



Name
in
Full

Bertie Thomas

CERTIFICATE OF DEATH

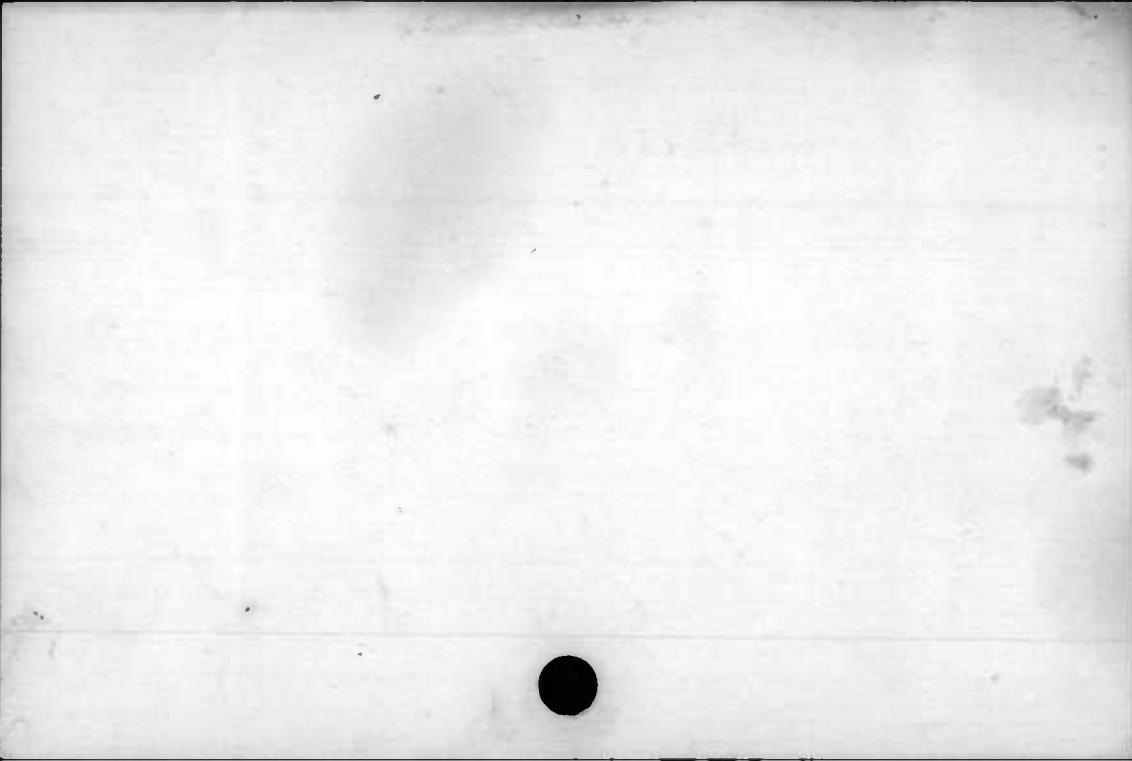
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Swittland</i> ^{Town}		<i>P. G.</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	Month <i>3</i>	Day <i>26</i>	Age	Years <i>2</i>	Months <i>2</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Ind</i>			
Occupation <i>none</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>William Thomas</i>		Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Olevia Rosier</i>		Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Olevia Thomas</i>		How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Found dead in bed</i>	How long <i>—</i>
Immediate <i>not known</i>	How long <i>17</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>none in attendance</i>
	Address <i>John E. Samsbury Dorrestville Ind</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Amanda Whitehead

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town *Laurel* County *Prince Geo* MARYLAND

Died at *Laurel*

Date of death *1905* Month *May* Day *25th* Age *61* Months *0* Days *19*

Sex *Female* Color or Race *White* Birth-place *A. A. Co*

Occupation *House Wife* Where Residing if not at place of death *Laurel*

Married, Single or Widowed *yes* Name of Wife or Husband *Jacob Whitehead*

Father's Name *William Myerson* Father's Birthplace *Monty Co*

Mother's Maiden Name *Maranda Wells* Mother's Birthplace *A. A. Co*

Name of person giving information *Jacob Whitehead* How related to deceased *Husband*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Pulmonary Tuberculosis* How long *3 years.*

Immediate *General Debility* How long *3 weeks.*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. R. Hunt & Son*

Address *Laurel*

Accident or Suicide?

